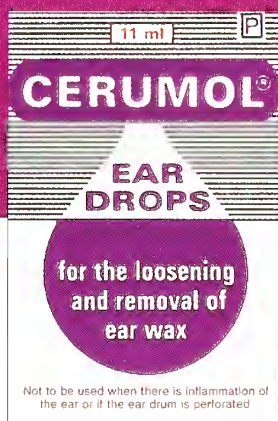


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Cerumol.



**Still the most
widely recommended
ear wax treatment by GPs.
Fact.**

Cerumol is a traditional based remedy that has been providing relief for over forty years. Cerumol is effective because it penetrates deeper to ease out ear wax. Its unique oil based formula penetrates in between the wax and ear canal, gently softening and loosening the wax. Unlike many remedies, it is especially effective for removing hard wax and can often make syringing unnecessary.

Cerumol® - Penetrates deep to ease out ear wax

An arachis oil base containing paradichlorobenzene and chlorbutol



Further information is available from:
Laboratories for Applied Biology Ltd., 91 Amhurst Park, London N16 5DR Tel 0181 800 2252
Cerumol® is a registered trade mark



MDS scheme pays £150 per patient

*Court ruling raises
concern over police
confidentiality*

*Relationships more
ethical with reforms*

*Groups compromise
pharmacy's message,
says Murdock*

*Source loses court
battle over script data*



*Update: fun foods
for functionality*

Online at <http://www.dolpharmacy.com/>



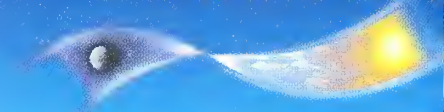
*She's just waking up
The first thing she'll think of is her pharmacist*

Actually the first thing she thinks of is a cigarette. But NiQuitin CQ and her pharmacist's advice helped her get over it. When recommended NiQuitin CQ, she also enrolled in the Committed Quitters Stop Smoking Plan. The continuous support she receives is personalised just for her, keeping her motivated and in control.

She knew the mornings would be tough. But she was confident her NiQuitin CQ patch would relieve enough of the cravings to keep her calm all day. And why does she think of her pharmacist? Because that's where she got the right recommendation and advice to make her success possible.

NiQuitin CQ
Nicotine

STOP SMOKING AID



HELP HER STAY CALM, IN CONTROL - AND C

NiQuitin CQ Product Information. Presentation. Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day

preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardiovascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension, severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when

using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reaction. Occasionally, tachycardia. Other systemic effects may result either to using patches or smoking cessation: nausea, stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve on continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9JL, U.K. **Pack size and RSP:** All strengths 7 patches £15. **Date of preparation:** November 1998. **NiQuitin CQ, Committed Quitters** are trade marks.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 251 No 6191 139th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

| | | | |
|---------------------------|----|---------------------------|----|
| News | 4 | Business News | 28 |
| Northern Ireland Notebook | 7 | Coming Events | 29 |
| Topical Reflections | 7 | Classified Advertisements | 30 |
| Prescription Specialities | 8 | Business Link | 33 |
| Counterpoints | 10 | Out and About | 34 |

COMMENT

As winter follows summer, so the election of a new president of the Royal Pharmaceutical Society follows the election of Council members. But the Society has in the past couple of years looked at changing that. For the sake of continuity, the Banks Report recommended that the president should serve two or three terms, subject to annual approval. This report, relating to the new ways of working at the Society, was endorsed by Council, and many of its recommendations, such as the establishment of directorates at Lambeth, have been put in place. But should this week's apparent ousting by Christine Glover of Hemant Patel after only one year of presidency be seen as a sign that further refinement is necessary?

Mrs Glover's election as president may have caught many by surprise. It was she who, not prepared to remain as an officer of the Society under a new president, resigned both from the executive and Council last year. She reasoned that because the Council had changed its leadership it was disenchanted with her style. A year later, she has been re-elected to a Council with the only changes being one new elected member and two co-optees. Within a few days she has become the new president. Last year's Council chamber report says: "... there being no other nominations, Mr Patel was elected president". The official report of this year's officer's election presumably will be as innocuous. But how many members would like to know what is really going on?

Mr Patel has been a popular president who encouraged a greater degree of openness and inclusion in the Society and at Lambeth than has ever been seen in the profession before. His appointment seemed to break the mould of it being 'gubbin's turn'. May Mrs Glover strive to ensure that this honesty and openness is extended even further.

Pharmacists get £150,000 for MDS services **4**

Participants in the Merton, Sutton and Wandsworth area will be paid £150 per patient

Christine Glover elected president of RPSGB **5**

Hemant Patel fails to secure a second term of office despite recommendations of Banks report

NPA calls for NHSE action on Crown Report **6**

Association wants pharmacists' role as independent prescribers to be developed

News from the US: focus on internet pharmacies **16**

Six pharmacies have gone live on the internet, but what will happen to traditional stores?

Update: functional foods blur dividing lines **i-viii**

Plus what the Government is doing to reduce cancer rates and part one of a series on the Code of Ethics

Working together for mutual benefit **20**

Innovex's development director on the changing relationship between pharmacists and manufacturers

PLEA Seminar: accounting for liability **24**

The first seminar of the Pharmacy Law and Ethics Association looked at the issue of civil liability



Speak to the superintendent **26**

C&D talks to Andy Murdock (right), superintendent of Lloydspharmacy

Source loses data battle **28**

RPSGB and NPA advises pharmacists not to supply any more prescription data

Free legal advice from The Law Society **29**

Lawyers for Your Business, an initiative of the Law Society, offers advice in a new regular column

Out and About: Down the garden path **34**

How a pharmacist's career path led her to the botanical gardens in Sheffield



Editor Patrick Grice, *MRPharmS*
 Assistant Editor Maria Murray, *MRPharmS*
 Technical Editor Fawz Farhan, *MRPharmS*
 Business Editor Guy L'Aimable, BA
 News Editor Charles Gladwin *MRPharmS*
 Contributing Editor Adrienne de Mont *MRPharmS*
 Beauty Editor Sarah Thackray
 Reporter Steven Bremer *MRPharmS*
 Art Editor Tony Lamb
 Production Editor Vanessa Townsend, BA
 Editorial secretary Jan Powis
 Price List
 Colin Simpson (*Controller*)
 Darren Larkin, Maria Locke
 Group Advertisement Manager Julian de Bruxelles
 Group Advertisement Executives Lynn Dawson, Nick Fisher, Andrew Keable
 Advertisement department secretary Debra Thackeray
 Production Karen Way
 Associate Publisher John Skelton
 Group Sales Director Ian Gerrard

© Miller Freeman UK Ltd. 1999
 Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
 Telephone: 01732 364422
 Fax: 01732 361534
 E-Mail: chemdrug@dotpharmacy.com
 Internet site: http://www.dotpharmacy.com/

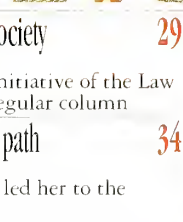
Subscriptions: Home £133 per annum
 Overseas & Eire: \$314 per annum including postage
 £2.50 per copy (postage extra)
 Additional Price List: £75 per annum

Circulation and subscription: Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET.
 Tel: 0181 309 7000

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

Miller Freeman
 A United News & Media publication
ABC
 Audit Bureau of Circulations
 BUSINESS PRESS



Scripts in England reach 513m

The number of prescription items dispensed in England last year rose to 513 million, with a net ingredient cost of £4.701 billion.

The Department of Health's 'Prescription Cost Analysis 1998', published last week, shows that drugs for the cardiovascular system were the most frequently prescribed of any BNF category and accounted for 105m items at an NIC of £940m. The next most widely prescribed category was drugs for the central nervous system - 97m items at an NIC of £716m.

Drugs for impotence accounted for 184,900 items, at a net ingredient cost of £9.84m. Viagra accounted for 2,500 prescription items at an NIC of £81,700. Alprostadil was the most popular treatment for this condition.

The data is based on all prescriptions dispensed in the community. Copies of the analysis are available (£12) from the Department of Health, PO Box 777, London SE1 6XH.

Pharmacists asked to name Quitters

Pharmacists are being invited to take part in this year's Quitter of the Year competition by nominating someone they have helped to stop smoking.

Eight regional finalists will be chosen by a panel of judges, and these finalists will attend an award ceremony in October. Quitter of the Year 1999 will receive a trophy and £2,000 of holiday vouchers.

The award is being organised by QUIT and supported by Pharmacia & Upjohn and *The Mirror* newspaper. Entry forms will be distributed to pharmacists via P&U representatives, or are available on 0500 390114.

Pill linked to ten deaths each year

Combined oral contraceptives have been involved in 104 fatalities in the ten years to May 1999, health minister John Denham has announced.

The deaths were included in the 2,108 adverse reactions suspected to be associated with the Pill, reported through the yellow card system. However, John Denham's written answer says that the deaths reported need to be put into the context of around 3 million women taking the Pill each year in the UK.

Mr Denham added that not all deaths suspected to be related to the use of the Pill are reported via yellow cards. The majority of the deaths, 84, were from pulmonary embolism.

HA provides £150,000 for pharmacists' MDS services

Pharmacists in the Merton, Sutton and Wandsworth area have obtained £150,000 of funding from their health authority to provide monitored dosage systems for community-based patients.

Participants will be paid £150 per patient for the year-long scheme, which is expected to serve about 800 patients. The project may be extended if it is successful.

About 70 pharmacists attended a training evening last week, introduced by the project's organiser, pharmaceutical adviser, Norman Evans. Dr Andy Gitsham from SurgiChem, project co-ordinator, and Ann Lovcjoy, assistant pharmaceutical adviser, explained the operational details.

The scheme, which begins this week, is similar to a smaller scale project launched by Bromley Health Authority four years ago. Patients eligible for the scheme must fit certain broad criteria and be referred by GPs, pharmacists, community nurses, patients, or carers. If a referral is made by a patient, informal carer or community pharmacist, this must be dis-

cussed with a social services or health-care professional involved in the patient's "care plan" before it is processed.

Pharmacists will be responsible for:

- processing patient referrals
- explaining the use of MDS to patients
- discussing medication issues with patients
- filling MDS.

The choice of MDS will be up to individual pharmacists, but they must purchase the necessary equipment themselves. Pharmacists taking part in the scheme must have attended a training session and must register with the HA.

Pharmacists must complete an evaluation form for each patient including medication details and any recommendations made. The project will be assessed after a year and this will be used by the HA to decide on further funding.

● Over 1,600 pharmacists have signed up to the Nomad CDS register since its launch last month.

The register will act as a directory of



Norman Evans,
pharmaceutical adviser for
Merton, Sutton and
Wandsworth Health
Authority

community dosage system providers for other healthcare professionals. When the register is complete, SurgiChem will launch a GP awareness campaign.

Pfizer may sue Government over Viagra advice

Pfizer may sue the Government for loss of profits caused by its interim advice not to prescribe Viagra, which was ruled illegal by the High Court last week (see *C&D* May 29, p5).

Commenting on the High Court ruling, Pfizer's chairman and managing director, Ken Moran, said: "While we are pleased and welcome the decision, it gives us no pleasure to use legal recourse to identify what amounts to an unlawful government action." The company was given 56 days to set out its claim for loss of profits in writing but had made no decision as *C&D* went to press.

The Health Service circular issued in September to restrict Viagra prescribing, was described as "legally indefensible" by David Pannick QC, appearing for Pfizer. He argued that some of the reasons given for the Viagra restrictions were "entirely without justification".

Making his ruling, Mr Justice Collins had said: "Viagra is undoubtedly the most desirable treatment now available for ED." He added that the circular prevented doctors from doing their job properly.

Presley Baxendale QC, appearing

for Frank Dobson, health secretary, said the circular was necessary to avoid an unreasonable burden on the NHS, and it was "merely guidance".

The Department of Health has been given leave to appeal against the decision and a spokesperson said "this is something we will be considering".

Until Viagra is rescheduled to Schedule 11 of the Drug Tariff on July 1, the decision means that doctors are free to prescribe the drug on the NHS. Pfizer is investigating the possibility of a legal challenge to the rescheduling and expects to have made a decision "by the end of the week".

Dr Trevor Jones, director general of the Association of the British Pharmaceutical Industry, said: "While the court's decision is to be welcomed, it remains a sad fact that many men suffering from this distressing clinical condition will still not be able to access the most appropriate treatment for their needs."

The guidelines may reduce the powers of the National Institute for Clinical Excellence to make prescribing recommendations, according to Pfizer. If these amounted to a ban on a particular drug, they would be unlawful, said Pfizer.

Glover becomes president

Christine Glover has been appointed president of the Royal Pharmaceutical Society, succeeding Hemant Patel.

Former Boots pharmacy super-intendent Mar-Christine shall Davies has Glover become vice president, succeeding David Allen, and Dr Gordon Applebe is the new treasurer, following Dr Geoff Booth.

Mrs Glover has only just returned to Council after resigning from it last year in a protest against former president Peter Curphey not being re-elected president. She was vice president during Mr Curphey's year of office. Her election may come as a surprise as the Society's new ways of working, which have resulted in a restructuring at the Society's headquarters, proposed that presidents would serve two to three years in office, subject to annual re-election, to improve continuity of office.

Mr Patel, who was elected president last year, remains on the executive as immediate past president.



Christine Glover

RPSGB responds to Crown

The Royal Pharmaceutical Society has called on the Government to implement the changes recommended in the Crown Review relating to the prescribing and supply of medicines.

In its response, the Society has stressed that pharmacists have a role both as dependent and independent prescribers, but, as an early step, the introduction of repeat dispensing managed by pharmacists is welcomed.

It wants information technology support to allow appropriate access to a shared medication record to ensure patient safety. In addition, IT could be effectively used to simplify arrangements for prescribing and supply of medicines, especially in the electronic exchange of information on medication and other relevant aspects of patients' records.

Secretary and registrar Ann Lewis commented that the report is in line with the Society's objectives for the future of the profession. "Empowering pharmacists to fully utilise their unique skills and training will benefit patients, the profession and the NHS," she said. "We fully support the report's recommendations and urge the Government to grasp this opportunity to make better use of pharmacists' extensive skills."

'Pharmacist interventions should be rewarded'

The Department of Health has been sitting on a report, which demonstrates the value of having pharmacists intervene to correct prescriptions, for over two years.

"The full report has been with the DoH for at least two years and they have not commented yet, but this paper does highlight that pharmacists should be paid for not dispensing," Professor Henry Chrystyn, professor of pharmacy practice at Bradford University said on Tuesday.

The study, carried out by Gill Hawksworth, found that out of 201,000 prescriptions dispensed, up to 242 pharmacist interventions may have prevented a drug-related hospital admission. Twice as many interventions could have prevented harm, 748 improved the clinical outcome and could have saved a visit to or by the GP.

The average time spent sorting out the intervention was 8.11 minutes. "At present the standard locum charge of employing a pharmacist for 8.11 min is less than the remuneration received for dispensing the item," says the report. "On some occasions, the decision may be to delete at least one item from the patient's prescription. In this instance,

the remuneration would be nil because an item was not dispensed."

The authors say this system of NHS remuneration penalises the community pharmacies for recommending a deletion. In addition, the savings in preventing a hospital admission should also be considered. As such, Professor Chrystyn said that pharmacists should be paid for making a deletion, after contacting the prescriber and endorsing the prescription 'prescriber contacted'. "If they recommend changing the dose or strength, they should be paid for that. It takes more than the actual dispensing fee to go through that process."

Another concern is raised in the inverse relationship between prescription numbers and number of interventions. The lower incidence of interventions per item dispensed by the high volume dispensaries could be due to dispensing overload, as well as to local factors such as pharmacist experience. "Nevertheless, the results do indicate that if the trend to fewer pharmacies with high volume dispensing does continue to occur, then the number of employed pharmacists should be increased pro-rata."

IN BRIEF

Boots to launch magazine

Baats the Chemists aims to launch the UK's largest women's magazine this September. The 'news stand' style *Health & Beauty* will be sent to two million female Baats Advantage Card holders four times a year and will "instil women with the confidence to be all they can be, to coach them on how to really make a difference in their health, beauty and well-being".

BRM speaker

The South West Metropolitan Branch representative opposing the motion calling on the Royal Pharmaceutical Society to prevent pharmacists supplying emergency contraception OTC was Tony Corson, not Tony Parsans as reported (*C&D* May 22, p26).

Exemptions for certain CDs

Controlled drugs which are used for scientific and diagnostic purposes and which contain an extremely small amount and proportion of the drug, are exempt from certain CD controls under regulations which came into effect on July 1. The exemptions are made under the Misuse of Drugs (Amendment) Regulations 1999 (SI No 1404; Stationery Office £1.50) and Misuse of Drugs (Safe Custody) (Amendment) Regulations 1999 (SI No 1403; Stationery Office £1).

Concern over Police disclosure

Pharmacists and other professionals are likely to be less willing to confide in the police after a test case ruling at London's Civil Appeal Court last week.

The case concerned the former matron of a West Sussex nursing home where one patient is said to have died from a diamorphine overdose and others were maltreated.

Although the nurse did not face any criminal charges, she gave an interview to police which three Appeal Court judges ruled could be disclosed to nursing's disciplinary body, the UK Central Council.

The court's decision is bound to give rise to concerns that the confidentiality of police interviews, which encourages the free flow of frank information to the police, has been seriously eroded.

In the first case of its kind, Lord Justice Kennedy ruled the public interest in the confidentiality of police interviews was outweighed by the duty of the UKCC and other professional bodies to protect the public.

The judge went further when he said the police are free, where they consider it appropriate, to disclose confidential information to professional disciplinary bodies, even if they are not asked to do so.

Glyn Walduck of the Chemists' Defence Association believes the decision will be of limited relevance to pharmacists as the profession is so strictly regulated. If a controlled drug offence has been committed, a Home Office inspector will sit in on the interview and report to the society. If offences have been committed under the Medicines Act, a Royal Pharmaceutical Society inspector may be asked to sit in on the interview.

On behalf of the nurse involved in the case, the Royal College of Nursing has fought hard to stop her police interview being disclosed.

The Royal College had challenged a High Court ruling last year which gave West Sussex police the right to pass tapes of the interview to the UKCC so that consideration could be given to disciplinary action.

But Lord Justice Kennedy, sitting with Lord Justice Otton and Lord Justice Waller, dismissed the appeal and ordered the RCN to pay heavy legal costs.

The Royal College was refused permission to appeal to the House of Lords, but is now considering whether to petition the Law Lords directly for leave to appeal.

Its barrister, Miss Catherine Ewins, told the judges their ruling would have "very wide implications" for all the professions as well as the public interest in "encouraging frankness to the police".

Mandie Levin, the UKCC's Director of Professional Conduct, said later: "There is an important legal principle and a practical safety issue at stake in this case. We have a duty to investigate allegations rigorously in the interests of patients and clients. This is excellent news for public protection."

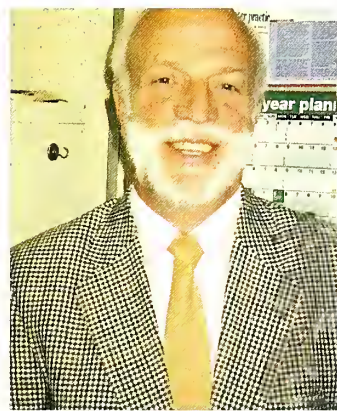
Richard Bernhard, the Royal College of Nursing's director of legal services, agreed: "All allegations of professional misconduct must be investigated."

He added: "This nurse wants her practice properly investigated by the UKCC using the usual mechanisms."

"But there was an important principle which needed to be tested about the extent to which regulatory bodies can have access to police interviews. We're pleased the court has clarified this issue."

"The court has decided such information can be disclosed and we welcome today's ruling that, if such disclosure is to occur, advance notice should be given to the person interviewed."

Former C&D editor among new Society fellows



John Skelton, former editor of *Chemist & Druggist* and now associate publisher, is among the pharmacists newly designated as fellows by the Royal Pharmaceutical Society.

Mr Skelton is honoured for distinction in the profession of pharmacy. He joined the magazine in 1980, was appointed assistant editor the following year and then editor in 1984. In 1995 he was appointed associate publisher, Pharmacy Group editorial projects. He has introduced several projects including the 'Guide to OTC Medicines', the counter assistant training course Cambridge Counterpart and accredited learning in *C&D's* Pharmacy Update.

Plans for strategy on alcohol misuse

The Government is planning to publish its proposals for a national strategy on alcohol misuse this summer.

There will be wide consultation on the proposals, which will include action across all relevant government departments and local agencies. The strategy, to be published in early 2000, will focus on England.

The minister for public health, Tessa Jowell, said submissions from the charity Alcohol Concern, the alcoholic drinks industry and the Portman Group would be considered when developing the strategy. Alcohol Concern has recommended a co-ordinated approach between the Government, the drinks trade, police and health professionals to tackle education, counselling and treatment, drink-driving and alcohol-related domestic violence. At present, responsibility for these issues rests with different government departments.

One particular cause for concern is the dramatic rise in 11-15-year-olds who drink. This group downs the equivalent of almost 3 million pints a week, while over 4m women are drinking at unhealthy levels. Alcohol Concern recommends a high profile, annual alcohol awareness campaign, strengthening alcohol education for young people, and more resources for treatment and counselling.



Moss Chemists has teamed up with other retailers to help raise funds for projects that the National Autistic Society will be organising in the next millennium. The 'Millie' lapel badge will be sold in-store for a suggested donation of £1. Moss, which has named NAS its charity of the year, will support the work of the organisation in the run up to the millennium. Some of its pharmacies will also be hosting appearances of a costumed Millie

NPA calls for NHSE action on Crown Report

The National Pharmaceutical Association is calling on the NHS Executive to develop pharmacists' role as independent prescribers.

In its response to the Crown Report, the NPA Board wants the NHSE to develop the role, within agreed protocols and subject to clinical and probity audit, to allow pharmacists to prescribe medication on the NHS for common ailments, particularly in deprived areas. It has also pointed out that there may be positive health gains in allowing pharmacists to prescribe treatment on the NHS in specific therapeutic areas, such as smoking cessation and emergency contraception.

The Board has welcomed the Report, noting that its concept of a dependent prescriber closely mirrors the NPA partnership prescribing model, outlined in the NPA response to the Crown Review team. In this, the pharmacist plays a greater role in managing a patient's medication, after an initial diagnosis and treatment plan has been decided by the GP.

Calling on the NHSE to develop pharmacist prescribing in medication management, the NPA says pharmacists will need the authority to alter active ingredients, dosage regime, frequency of repeat prescription and presentation of drugs, operating within certain guidelines. As such, it is urging the NHSE to establish the proposed New Prescribers' Advisory Committee as a first step in implementing its proposals to extend prescribing rights. At the same time, it wants community pharmacy incorporated into the NHSnet. This is seen as a prerequisite to any extension of prescribing rights.

A full copy of the NPA response to the Crown Review is available on request.

All-Party Pharmacy Group in Parliament Pharmacy bodies are looking to establish an all party pharmacy group within Parliament. Communication executives from the NPA, PSNC, RPSGB, CCA and GHP have proposed the formation of the group as a means of raising the profession's profile within Westminster and improving its ability to influence policy.

The NPA Board is supportive and has agreed that this group would help to improve parliamentarians' understanding of current issues and concerns within pharmacy, at a time when the NHS is experiencing significant change. There will also be benefits in presenting a collaborative case to politicians on pharmacy issues, it believes.

The Board is supporting the initiative proposal on the understanding that it will involve all the main pharmacy bodies. Establishment of an all party group will not prevent an organisation pursuing an issue individually in the political arena, but each pharmacy group would have a right of veto over issues to be raised by the group.

Ranitidine deregulation The NPA has argued strongly against the Medicines Control Agency's proposal to add ranitidine hydrochloride to the GSL order. In its response to the consultation letter MLX 252, the Association says that the manufacturer of the product, Glaxo, has acknowledged the value of pharmacists' advice by declaring its intention to continue to restrict sale to pharmacies, even if the product was added to the GSL. The Association was concerned, however, that this was not a long-term guarantee of pharmacy exclusivity, and might prompt other H₂ antagonists to adopt a more relaxed view on distribution and supply.

Nurse prescribing The Association is near to completing a set of resource materials for members to use when working with nurse prescribers. The materials consist of a resource pack outlining the background to nurse prescribing and the opportunities it presents to pharmacists, and a presentation folder with guidance cards for nurses which pharmacists can use in conjunction with the resource pack to train nurse prescribers. Materials should be available in mid-July.

Photographic Imaging Council The Board has agreed to support a proposal to establish a new umbrella organisation for the photographic sector, under the name of the Photographic Imaging Council (PIC). The proposal comes from the British Imaging and Photographic Association in an attempt to improve the effectiveness of industry dealings with government and government agencies. The Council will be made up of interests from all sectors of the industry, from manufacturer to retailer, and will meet only when there are industry-wide issues to address.

Euopharm Forum The Board has approved a joint declaration from the Euopharm Forum and the World Health Organization on pharmaceutical services and educational needs. The declaration, which includes ten action points for national pharmaceutical associations to pursue regarding the educational needs of pharmacists, was designed to help national associa-

tions who had difficulty in influencing pharmacy education in their countries. It will be presented for adoption at the 8th Annual Meeting of the Euopharm Forum in November. Copies are available on request.

Procedures streamlined

The NPA Board has approved a number of changes to the operation of Board and the associated NPA standing and sub-committee meetings, following an internal review.

A review was felt necessary to ensure that the Board dealt with business as efficiently as was practicable. It agreed that the changes would help to ensure the most cost-effective use of the Board's time and would improve Board decision making.

Changes will include:

- reducing the number of sub-committees by incorporating the publicity and parliamentary and new legislation sub-committees into the general purposes committee, and the manufacturer liaison, training and information technology sub-committees into the business services committee. Two standing committees will be renamed as the practice and business development committees respectively. Time limited working groups will be established to produce policy papers for issues which required consideration by the full Board
- standing committees will meet on Monday afternoons prior to the Board meeting enabling main Board business to start first thing on Tuesday mornings
- greater use of e-mail and the NPA web site will enable Board members to receive important consultation documents earlier in the month, if necessary before the main Board agenda.

e-PIC rolls out

The Royal Pharmaceutical Society's electronic information database service, RPS e-PIC, has successfully completed its trial period and is now available to subscribers.

The database contains 42,000 abstracted articles dating back to 1992 from 25 pharmacy and medical journals in the UK, including *Chemist & Druggist*. The Society's technical information service staff are already using e-PIC to help answer many of the 13,000 queries they receive each year.

Free 30-day trials are available. For further details on prices and access contact Optology Ltd on 01424-445100, e-mail: rodc@optology.com, or visit www.optology.com.

Getting more tricky

The new psychedelic prescription forms have arrived. With all their wiggly, fraud-proof patterns, I must admit a certain vertigo when dispensing them. I find it difficult to differentiate between the GP forms and the dental forms, but I am getting used to them.

From July 1 there will be rigorous checks on how well we are performing and earning our 3p per script. The PCC is stressing that our responsibilities in checking for exemptions have not changed, but I am no fool.

Government does not pay out money and expect no return. There is little doubt that pharmacists will be made liable for any exemptions not properly checked. A recent comment in the *Belfast Telegraph* suggests that in N Ireland each year £2 million in prescription charges is not being paid.

**"Government
does not pay out
money and
expect no return"**

This information, from a House of Commons Public Accounts Committee report, highlighted the possible scale of NHS fraud in Northern Ireland and blamed it on "completely unacceptable" controls in the system. On the face of it, the report seemed to be placing the blame on the public for avoiding prescription charges and on healthcare professionals (including pharmacists) for fraudulent activity.

The media has focused on two incidents: a GP practice that overclaimed £177,000 for night-time call outs, and a pharmacist, from a socially deprived area, that had a 99 per cent prescription exemption rate. The latter incident referred to an investigation in 1992 and since 93 per cent of prescriptions dispensed in Northern Ireland are exempt from charge, it is highly likely that many more pharmacies will have a 99 per cent exemption rate.

The report places the blame on the lack of checks and balances in the system. It seems that where fraud was suspected by health boards and the CSA, it was often not challenged, and where it was challenged, because it was so blatant, cases were often not pursued.

Times are changing. The difficult job we do is about to get more difficult and by July 1, when exemption checking will be enforced, the quality of life for many of us, especially those in socially deprived areas, will be taking a significant downturn.

Written by a practising Northern Ireland pharmacist.

Xrayser

Topical Reflections

Data collection, costs and confidentiality

A recent High Court ruling has once again called into question the legality of data collection from pharmacy computers (*The Guardian*, 29 May). Source Informatics has been refused a judicial review against the Department of Health's guidelines which advised health authorities that prescription data collection, although anonymous, still breached confidentiality.

I have never become involved in schemes to supply free computer hardware in exchange for data collection, but it is reported that over 33 per cent of Britain's pharmacists do participate. The carrot is obvious but the DoH is concerned that the use of this data by the Pharmaceutical Industry could actually raise drug costs by the targeted promotion of expensive medicines.

Confidentiality is the stick the DoH has used, but it is the potential increased cost to the NHS that is its real concern. The irony is that this ulterior motive could now backfire because the ruling calls into question the legality of all medical data collection no matter to what use it will be put. Perhaps even the data captured from prescription pricing is itself confidential which, if true, could have the Department well and truly shooting itself in the foot!

Get involved – turn to your health authority!

The argument over the allocation of savings achieved on the drugs budget by the increase in the discount clawback once again highlights the problem that community pharmacy faces in developing new services in the face of conflicting priorities within the National Health Service (C&D May 29, p4). The arguments are also serious because with unified devolved budgets, discount clawback is not the only source for savings.

Medicines management, formulary development and PACT advice are all areas where pharmaceutical



involvement could achieve substantial savings and if effectively marketed could produce a slice of the cake for the funded development of pharmaceutical services.

But many local pharmacists feel intimidated by the requirement to actively sell themselves to primary care groups, many of whom resent pharmaceutical 'interference', and feel despondent that all those years spent establishing a case for developing pharmaceutical services with health authorities could now be jeopardised by medical insularity. So perhaps it is to the health authority that local pharmacists should now turn.

Presently many health authority personnel are familiar with the advantages of developing pharmaceutical services and while PCGs remain sub-committees of the health authority they are in a position to influence decisions.

Increased resources for PCGs generated by the expertise of pharmacists should produce sufficient funding for the continuing development of extra contractual pharmaceutical services which themselves would help the PCG achieve their health improvement targets. This is a policy that makes sense and could be painlessly funded. It is a policy that LPCs with the full backing of the health authority must sell to PCGs.

No bores please, it's cyberspace

I have just visited the National Pharmaceutical Association's new web site to see what is on offer and, given the resources of the NPA, I was a little disappointed. Bland was my first thought with no incentive to the surfer to probe further and learn.

I can sympathise with the NPA because information in the public domain must be very carefully presented, but if caution is practised to the nth degree, the result is boredom. This is a site that should shout the message of the community pharmacist and give the public the information they want. Their main interest lies in the disease state and as far as I am concerned those disease states will bring them to my pharmacy. I would like to see a whole catalogue of cross referenced pages full of easily understood information and if we must have PR, carefully insert it into the text so the boring bits don't show!

An NPA web site has tremendous potential, but it must be user-friendly. So far this site is very low tech and will not encourage return visits. Forget political correctness. Use language which excites and finally (at least for now) why restrict the search words so severely; 'drug', 'medicine', 'health' and 'NHS' should all be targets.

Script specials



Avandia approved by FDA for type 2 diabetics in the US

Avandia (rosiglitazone maleate) has received approval from the US Food and Drug Administration for use in type 2 diabetes as monotherapy or with metformin.

Avandia from SmithKline Beecham is a thiazolidinedione and belongs to a new class of antidiabetic agents which work by targeting insulin resistance. Rosiglitazone therefore works by lowering this resistance at key target sites, namely fat, liver and skeletal muscle,

allowing the body to use its own natural insulin more effectively.

In studies involving more than 5,500 patients with type 2 diabetes, SB's drug was shown to reduce blood sugar levels by up to an average 76mg/dl with blood sugar control maintained for up to 12 months. The high potency of the drug means only small doses (4mg/day and 8mg/day) were needed to achieve control.

Commonly side effects were upper

respiratory tract infections, headaches and weight gain and less commonly anaemia and oedema. No clinical studies reported drug-related jaundice or liver failure.

Avandia is expected to be available in the US within days of launch. It was filed for European regulatory approval with the EMEA in December 1998.

SmithKline Beecham Pharmaceuticals. Tel: 01707 325111.

Nuvelle Continuous for menopause

Nuvelle Continuous is a new combined hormone replacement therapy from Schering Health Care.

The new HRT combines oestrogen and progestogen in one tablet and offers a period-free option to women with an intact uterus who are at least one year past their menopause. Each

tablet contains oestradiol hemihydrate 2mg and norethisterone acetate 1mg. One tablet should be taken once a day, every day and with no breaks. The basic NHS price of 3x28 tablets is £20.25.

Schering Health Care also has a Living Well compliance programme

designed to provide information on women's health, the menopause and HRT. The programme, which includes a quarterly magazine and a free video, is being distributed to women through pharmacies and GP surgeries.

Schering Health Care Ltd. Tel: 01444 232323.

MEDICAL MATTERS

New HEA suncare guidelines for schools

Teachers are to get in on the suncare act in schools using revised guidelines from the Health Education Authority.

The new do's and don'ts guide of sunscreen use in school children deals with some of the concerns raised by teachers following the publication of the original guidelines last year. Issues raised include what to do about potential allegations of abuse, cost of sunscreens and time constraints.

The new guide, which was drawn up in consultation with teaching unions and local government, will also carry a sample letter for schools to send to parents telling them of the sun safety policy and a consent form giving teachers permission to apply sunscreen to their children. The cost and provision of sunscreens will have to be decided at local level.

HEA Skin Cancer Campaign manager Christopher New said: "Many teachers felt that they were not allowed to apply sunscreen to children too young to do it themselves. In fact this is not

the case, although we would hope that the majority of children will be able to apply their own sunscreen."

The guidelines were launched by the minister for public health to coincide with Sun Awareness Week (May 31-June 6).

● Although almost 90 per cent of

teenagers are aware of the dangers of sunbathing, more than two-thirds tried to get a suntan last year, according to a new HEA/Laboratoires Garnier survey. Sun protection was interpreted simply as using sunscreen - only a quarter of respondents covered up and 11 per cent sat in the shade.

Myth of healthy French diet dispelled

The French are not as healthy as they seem and may be sitting on a heart disease time bomb, suggests a new study in the *British Medical Journal*.

France, like many Mediterranean countries, has had a low incidence of heart disease thanks to high consumption of red wine and olive oil and low intake of animal fats. However, the new study says that the low incidence of ischaemic heart disease may in fact be a reflection of previous eating habits.

The authors put forward the hypothesis that animal fat consump-

tion and serum cholesterol are relatively new phenomena in France and that such eating habits were only in place until around 1970 and for the past 15 years levels have been similar in both France and Britain. Consequently there is a time lag between an increase in fat consumption and its effect on heart disease of 25-35 years.

Other factors which were investigated such as smoking, alcohol intake, consumption of garlic and onions were found to be, with the exception of smoking women, non-significant.

IN BRIEF

MMR and bowel disease link

The controversy over the link between the MMR vaccine and inflammatory bowel disease has reared its head again, this time in the *American Journal of Gastroenterology*. Researchers of the Royal Free Hospital in London have found that children who contract measles and mumps within the same year are seven times more likely to develop inflammatory bowel disease later in life.

Smoking 'can cause impotence'

Cigarette pockets may soon carry warnings about smoking and sexual impotence. A survey carried out jointly by anti-smoking group ASH and the British Medical Association has found that 88 per cent of men did not link smoking and erectile dysfunction. Smoking is thought to be linked to 120,000 cases of impotence in the UK.

Sinemet name change

Sinemet LS has been renamed Sinemet 62.5 and the markings on the tablets have been changed to 'DPP 520'. Blister packaging has also been introduced for the range.

Du Pont Pharmaceuticals Ltd. Tel: 01438 842500.

ACBS approval for Rite-Diet

Nutricio Dietary Core has received ACBS approval for Rite-Diet Port-Boked Long Fibre Rolls (2x270g) and Fibre Loof (400g). The basic NHS price for each variant is £2.63.

Nutricio Dietary Core. Tel: 01225 711801.

Zestril and Zestoretic packs

Zestril and Zestoretic have been repacked in new, colour-coded livery. Packs now also carry Broilite, new patient information leaflets and on invitation to write off for information booklets on hypertension, heart failure and heart attacks, available in a choice of six languages.

Zeneco Pharms. Tel: 01625 712712.

ERIC awareness

Notional Dry Night Campaign is June 8 and ERIC - Enuresis Resource and Information Centre - will be operating on extended (9am-9pm) telephone advice line (0117 960 3060) on that day.

ENTERPRISE
TEL No:
01782 795000

ENTERPRISE

ENTERPRISE
FAX No:
01782 786682

The Force Behind Pharmacy

- Weekly Representative Call
- Over 7,000 OTC Products Available on a Weekly Service
- Discounted OTC Splits ■ Link PC Ordering System
- Competitive Discounts and Terms
- Seasonal Promotions ■ Weekly Special Offers ■ Finance



WEEKLY DELIVERIES



OVER 7,000
OTC PRODUCTS



TELE-SALES



FINANCE

TRIDENT
REEPHONE No:
0800 614272

TRIDENT PHARMACEUTICALS

TRIDENT
FAX No:
01782 774015

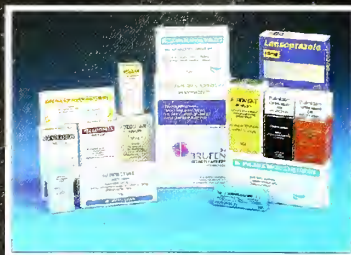
- Re-Boxed P.I.'s
- Monthly & Weekly Promotional Offers
- Long Term Contract Prices ■ Next Day or Weekly Delivery.



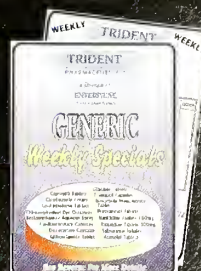
MONTHLY OFFERS



RE-BOXED P.I'S



WEEKLY OFFERS



A Division Of

ENTERPRISE

Counterpoints

Kids can go wild and get plastered

B M Polyco is launching a new range of wacky children's waterproof plasters.

Crayon Plasters, Wild Hot Strips and Scary Cuts clear plaster all feature a highly absorbent, non-stick pad which cushions and protects cuts and grazes.

The individually wrapped plasters come in packs of 20 which retail at £1.69.

● The company is also launching a range of first aid products designed for daily use in and around the home.

The Comfortcare range comprises first aid scissors (rsp £2.15), first aid



tweezers (rsp £1.99), an easy-to-read thermometer (rsp £2.90), fine latex gloves (£1.85 for a pack of ten, medium ambidextrous), ear plugs (£1.80 for a pack of six) and polythene gloves (rsp £0.75 for 25, one size).



Trinity Sales & Marketing Ltd.
Tel: 01483 225691.

Sanatogen Classic 50+ hits the airwaves

Roche Consumer Health is supporting its Sanatogen Classic 50+ multivitamin and multiminerall supplement with a national radio campaign during June.

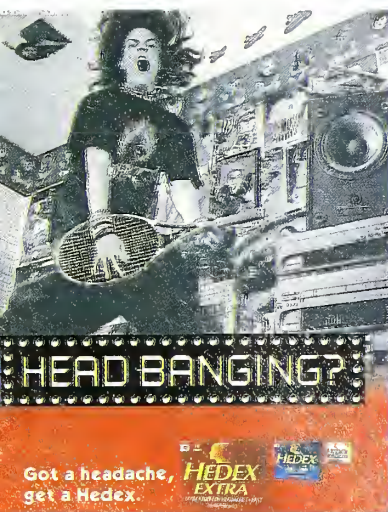
The commercials focus on the desire of the 50-plus generation to get the most out of life. Using the theme 'because you're as young as you feel', the advertising takes a humorous look at the reversal of the parent-child roles when retired mum or dad has more time and energy than ever before.

The campaign is part of a £1.5 million initiative to support the brand this year.

Roche Consumer Health.
Tel: 01707 366000.

Hedex targets young mums head on

SmithKline Beecham is supporting



its Hedex analgesic with a national press campaign throughout June and July.

Appearing in women's interest magazines, the campaign targets the brand's core consumers: 25-35-year-old women with families.

The advertising shows frustrating yet humorous situations which will strike a chord with busy mums. It highlights the brand proposition as a headache brand for fast, effective and reliable relief.

Three different versions show the whole range, but with particular emphasis on one variant, either Hedex Base, Hedex Extra or Hedex Ibuprofen.

SmithKline Beecham Consumer Healthcare.
Tel: 0181 560 5151.

Summer boost for anti-fungals

Johnson & Johnson MSD Consumer Pharmaceuticals is supporting its Daktarin treatments for fungal skin infections with a summer TV campaign. The £2 million campaign will run throughout June and July to support the brand during the key selling time for anti-fungals.

In-store support materials include a

symptom specifier card, consumer leaflets entitled 'Don't be bugged by athlete's foot', a merchandiser to display the full range and posters featuring healthy foot tips. Giant sized tubes are also available for displays.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

Scholl launches corn counter attack

Seton Scholl Healthcare is introducing a free pharmacy counter unit for its Scholl Polymer Gel.

The unit holds 12 packets each of its Polymer Gel Corn Cushions and Polymer Gel Corn Removal Pads.

Designed to show the benefits of polymer gel, the unit features a Corn Cushion sample with the strapline 'feel the difference right away'.

Seton Scholl Healthcare.
Tel: 0800 074 2040.

Movelat Relief goes to front of the queue

Customers waiting in queues at Post Offices have the opportunity to learn about Movelat Relief in a campaign running until June 9.

Sankyo Pharma is showing its TV commercial for the brand on screens placed at the head of the queuing system in 450 of the largest main post offices across the country. A high proportion of regular visitors to Post Offices are over the age of 45, making this an

ideal environment for targeting people who may benefit from a topical NSAID for the relief of arthritic conditions.

The advertising forms part of a £1 million promotional campaign for the brand this year. This includes TV advertising, PoS items and educational materials for pharmacy staff and consumers.

Sankyo Pharma UK Ltd.
Tel: 01494 766866.

Seatone with Glucosamine combination

Peter Black Healthcare is launching Seatone with Glucosamine (90 capsules, £13.69) to 'help maintain joint mobility and keep surrounding connective tissues healthy'.

The capsules contain New Zealand green lipped mussel extract, plus glucosamine sulphate which is said to be 'involved in rebuilding of healthy ligaments, tendons and cartilage'.

An intake of up to three capsules daily with meals is recommended for an initial six to eight-week period.

A new consumer leaflet with holder is available and there will be consumer sampling through Reader's

Digest and retirement magazines.
Peter Black Healthcare.
Tel: 01283 228300.



Diocalm

TWO GREAT REASONS TO STAY CALM

Sales of Diocalm Ultra and Diocalm Dual Action increased yet again last year* - and again, it was thanks to your recommendations and our extensive radio and women's press campaign. By continuing such a winning formula, there'll be no stopping us!

- **High consumer awareness** - memorable national radio advertising and women's press campaign
- **Excellent profit opportunity** - superb trade deals and high cash profit
- **Strong trade support** - full range of eye-catching merchandising POS
- **Complete range** with Diocalm Dual Action suitable for Adults and Children over 6 years

With your recommendation and our successful campaigns, it's sure to be an Ultra successful summer - again!

* Source: Independent Pharmacy Audit



Seton **Scholl**
Healthcare plc

Always read the label.

STOPS DIARRHOEA FAST

Diocalm Ultra Essential Product Information: Presentation: Capsules with opaque turquoise caps and opaque white bodies. Each capsule contains Loperamide Hydrochloride EP 20mg. **Uses:** For the symptomatic relief of acute diarrhoea. **Dosage and Administration:** For oral administration. **Adults and children aged 12 years and over:** Two capsules immediately, followed by one capsule after each further bout of diarrhoea up to a maximum of 8 capsules in any 24 hours. Not to be given to children under 12 years. **Elderly:** The adult dose may be taken. **Contraindications, Warnings etc:** Contraindications: Hypersensitivity to the active ingredient. Conditions where inhibition of peristalsis is to be avoided, eg. Constipation, diverticular disease and acute ulcerative colitis. **Other Special Warnings and Precautions:** The product should be used with caution in cases of impaired liver function. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm, it is important to replace body fluids lost during diarrhoea. **Use in Pregnancy and Lactation:** There are no known contraindications to the use of this product during pregnancy and lactation but, as with all medicines, caution should be exercised. **Undesirable effects:** None. **Overdosage:** Overdosage is considered a theoretical possibility but, in practice, not a significant hazard with the small level of morphine in the product (40 tablets contain 15.8mg of morphine hydrochloride, an analgesic dose). Larger doses would cause nausea, vomiting, constipation, drowsiness, and confusion. Convulsions may occur in infants and children. Morphine dependence is not considered to be a likely problem with the low doses of morphine present in the product. Treatment: After emptying stomach by aspiration and lavage, treatment is symptomatic. A laxative may be given to aid peristalsis. **Legal Status:** P. **Pharmaceutical Precautions:** None. **Packs:** Packs of 20 and 40 tablets. **Price:** RSP 20 tablets £3.15, 40 tablets £4.85. **Product Licence Number:** PL11314/0057. **Product Licence Holder:** Seton Products Ltd, Tubton House, Oldham OL1 3HS, England. **Distributor:** Seton Scholl Healthcare plc, Tubton House, Oldham OL1 3HS. **Date of Revision:** May 1999. **Diocalm Dual Action Essential Product Information:** Presentation: Brown tablets with a smooth, slightly mottled appearance, free from dirt spots and with a break-line on one face and DIOCALM engraved on the other face. Each tablet contains Morphine Hydrochloride BP 0.395mg. Activated Attapulgite BP 312.5mg and Attapulgite BP 187.5mg. **Uses:** For the relief of occasional diarrhoea and its associated pain and discomfort. **Dosage and Administration:** For oral administration. The tablets should be chewed and then followed by a drink of water. **Adults and children aged 12 years and over:** Two tablets. **Children aged 6 to under 12 years:** One tablet. **Elderly:** As the adult dose. The recommended dose should be taken every 2 to 4 hours as required according to the severity of the symptoms. Do not take more than six doses in any 24 hours. Not to be given to children under 6 years. **Contraindications, Warnings etc:** Contraindications: Patients with impaired renal function. Hypersensitivity to any of the active ingredients. **Other Special Warnings and Precautions:** Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm, it is important to replace body fluids lost during diarrhoea. **Use in Pregnancy and Lactation:** There are no known contraindications to the use of this product during pregnancy and lactation but, as with all medicines, caution should be exercised. **Undesirable effects:** None. **Overdosage:** Overdosage is considered a theoretical possibility but, in practice, not a significant hazard with the small level of morphine in the product (40 tablets contain 15.8mg of morphine hydrochloride, an analgesic dose). Larger doses would cause nausea, vomiting, constipation, drowsiness, and confusion. Convulsions may occur in infants and children. Morphine dependence is not considered to be a likely problem with the low doses of morphine present in the product. Treatment: After emptying stomach by aspiration and lavage, treatment is symptomatic. A laxative may be given to aid peristalsis. **Legal Status:** P. **Pharmaceutical Precautions:** None. **Packs:** Packs of 20 and 40 tablets. **Price:** RSP 20 tablets £3.15, 40 tablets £4.85. **Product Licence Number:** PL11314/0057. **Product Licence Holder:** Seton Products Ltd, Tubton House, Oldham OL1 3HS, England. **Distributor:** Seton Scholl Healthcare plc, Tubton House, Oldham OL1 3HS. **Date of Revision:** May 1999. **Diocalm** is a Trade Mark of Seton.

Lavender bathing beauties

Aromatherapy Products is launching two new relaxing lavender bathcare products in its Tisserand Aromatherapy range.

Lavender Bath Soak and Skin Conditioning Lavender Lotion both contain organic lavender and St John's Wort.

The lotion is formulated to re-establish moisture balance and to prevent flaky dry skin. It includes skin conditioning ingredients jojoba and calendula.

The lotion retails at £4.90 (125ml) and the bathsoak at £5.99 (210ml).

Tisserand is donating £0.10 from every Lavender Lotion sold to The Lavender Trust in association with Breast Cancer Care.

Aromatherapy Products Ltd.
Tel: 01273 325666.



Braun tackles youth shaving

Braun is targeting younger users in the 15-24 age group with the launch of a new shaver.

The Braun Pocket Plus 370 is a compact battery shaver with a translucent blue casing. It comes in blister packaging and can be hung or placed in counter displays. Retail price is £12.99.

Braun is also actively wooing a younger audience through a major pan-European music initiative.

The company is sponsoring the 'Euro Top 20 Chart Show' on MTV and its products can be seen on cable and satellite TV every week.

Braun UK Ltd.
Tel: 0870 6085555.

Sorbie keeps ahead of designer haircare

Top hairdresser Trevor Sorbie is relaunching his haircare range, which is being retailed in chemists, department stores and grocers.

The Trevor Sorbie Professional collection of shampoos, conditioners and styling products has been redesigned with improved formulations and a new look.

The new range is developed around the five different hair types that Trevor most regularly encounters in the salon.

It comprises five shampoos, six conditioners, two energizers, three

hairsprays and two conditioner sachets.

The new gun-metal coloured shampoo and conditioner bottles are tall and slim with an angled metal embossed cap. The packs are designed to make product choice easy for the customer with simple descriptions of hair type.

Retail prices range from £1.25 for a sachet (25ml) of Deep Vitamin E intensive hair repair to £6.99 for Serum (50ml) for easing out frizz.

Brand Managers.
Tel: 0181 286 6688.



New look for Gillette toiletries range

Gillette is introducing a new look for its Series male toiletries range to re-align the products with its Mach3 shaving system.

The new packaging is designed to give the range an increased premium appeal and technological image. The horizon background and three silver bars preceding the brand logo provide a graphic link to Mach3.

The redesign will help to differentiate the products from each category.

Gillette Series shower gel and shaving concentrate will be introduced this month and will be available in all outlets by the end of July.

Gillette UK Ltd.
Tel: 0181 847 7268.



Driclor Solution changes its status

Stiefel Laboratories' Driclor Solution (30ml) is being relaunched in an unlicensed pack.

The product is formulated for excessive perspiration and the new pack highlights the claim

that the product lasts for days.

It will be supported by a national PR campaign throughout the summer.

Retail price is £5.99.
Stiefel Laboratories (UK) Ltd.
Tel: 01628 524966.

PRODUCT INFORMATION FOR NUROFEN

LONG LASTING. Nurofen Long Lasting:

capsule contains 300mg ibuprofen. **Indications:**

For the effective relief of backache, dysmenorrhoea, migraine, headache, dental pain, non-specific arthritic and rheumatic pain, neuralgia, muscular pains. **Dosage:** Adults, elderly

children over 12 years: One or two capsules

twice daily. The capsules should be taken together

with water and swallowed whole. Do not

suck the capsules. Do not take more than 4 capsules

in 24 hours. There should be at least 8 hours

between doses. Not suitable for children under 12

years of age. If symptoms persist consult your

doctor. For oral administration. **Precautions:**

Warnings: Patients with existing, or a history of,

peptic ulceration, hypersensitivity to any of the

constituents, aspirin or other non-steroidal

antiinflammatory drugs (NSAIDs). Patients with a

history of bronchospasm, rhinitis, urticaria

associated with aspirin or other NSAIDs. Caution

required in patients with renal, cardiac or hepatic

impairment. In these patients, the dose should be

as low as possible and renal function should be

monitored since it may deteriorate following the

use of any NSAID. Bronchospasm may be precipitated

in patients suffering from, or with a previous history of,

bronchial asthma or allergic disease. The elderly

are at increased risk of the serious consequences of

adverse reactions. Undesirable effects may be

minimised by using the minimum effective dose for the

shortest possible duration. **Side effects:**

Gastrointestinal: Abdominal pain, nausea, dyspepsia.

Occasionally peptic ulceration, gastrointestinal bleeding.

Skin: Pruritis, urticaria and rash. Rarely exfoliative dermatitis and epidermal

necrosis have been reported with ibuprofen.

Renal: Papillary necrosis which can lead to renal failure.

Others: Rarely hepatic dysfunction, headache, dizziness,

hearing disturbance, thrombocytopenia. Bronchospasm may

be precipitated in patients with a history of asthma.

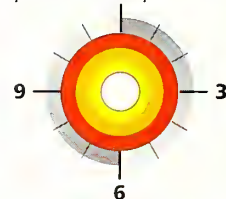
Product licence number: PL 00327/0101. **Licence Holder:** Crookes

Healthcare Limited, Nottingham NG2 3AA. **Category:** P. **Price:** 12's £2.69, 24's £5.19.

Date: March 1999. **References:** 1. Nurofen Long Lasting Summary of Product Characteristics. 2. Nurofen

on File, Boots Healthcare International, Studley, Warwickshire.

up to 12 hour pain relief



**CROOKES
HEALTHCARE**

www.nurofen.com

The entire rose garden on one dose of Nurofen Long Lasting



Arthritic pain shouldn't have to stop anybody doing what they love. Everyone should have the chance to enjoy their entire day, undisturbed and free of pain.

Just one convenient dose of Nurofen Long Lasting can ease pain for up to 12 hours.¹ Two capsules of the sustained release formulation provide a delivery of 600 mg of ibuprofen, giving long-lasting relief for up to 12 hours.²

Nurofen Long Lasting can help sufferers of non-serious arthritic pains, backaches and other muscle and joint pains get on with their lives without the need for frequent re-dosing.² Why not let your customers benefit from pain relief for up to 12 hours on just one dose of Nurofen Long Lasting?

new

Designed to **keep going**



IN BRIEF

Long playing record

Duracell will be running the 'Durocell Ultra Longest Lasting Music Show', described as the longest lasting music show ever on radio, from 6am on June 21 until June 27. The show will start on Capital Radio's Chris Tarrant breakfast show and will then move around the country.

Duracell UK Ltd

Tel: 01293 517527.

Absent Andrex

Kimberly-Clark has temporarily withdrawn Andrex moist toilet tissues from shops because it says a small quantity of the product had minor quality defects. The company is changing its production process and says Andrex will be back on sale in the near future. Any customers with queries should contact their wholesaler or Kimberly-Clark on: 0800 626008, quoting reference AM170.

Kimberly-Clark Ltd.

Tel: 01732 594000.

Partners in health

Huggies Nappies has linked up with the British Skin Foundation, a UK registered charity, to encourage and promote healthy infant skin among parents and professionals.

Kimberly-Clark Ltd.

Tel: 01732 594000.

Post-holiday cheer

Boots the Chemists' new Soltan range of sun care products now includes a formulation containing UVA and UVB sunscreen, plus an anti-free radical agent. BTC's research suggests same post-holiday colds are caused by the effect of UV rays on the immune system.

Boots the Chemists.

Tel: 0115 9592601.

Sensodyne on TV

Sensodyne Toothpaste is running a TV campaign as part of its £4 million TV support package this year. The campaign will be running week on, week off throughout June and July.

Stofford-Miller Ltd.

Tel: 01707 331001.

Phyto Soya on trial

French herbal company Arkopharma has started a double-blind trial in France looking at the use of its isoflavones supplement Phyto Soya in the menopause. The trial is recruiting 100 women and the results are expected at the end of the year. Phyto Soya (60, £9.65) yields 35mg of soya isoflavone from each capsule.

Arkopharma UK Ltd.

Tel: 0181 763 1414.

Brush up on oral hygiene

Warner Lambert is launching a pharmacy education campaign to demonstrate the long-term business potential of the oralcare sector.

The activity includes a video entitled 'The Nation's Mouth Matters' which provides information on the benefits of a thorough oral hygiene routine.

The video is designed to assist the pharmacy team to select an appropriate product for each customer's specific oralcare needs. It also includes the chance to win a health farm weekend.

The company has introduced a new shelf edger for its Lister range. In the form of a flip chart, it is designed to

clarify the differences between the Lister products and provide information on their recommended usage.

Warner Lambert Consumer Healthcare.

Tel: 01703 641400.



Savlon teaching kit helps child safety

Novartis Consumer Health has produced a new Savlon first aid teaching kit for teachers to use with their pupils.

The 'Safe and Sound' teaching resource is designed to support primary school teachers to help children to learn about safety and the prevention of accidents.

Each kit includes teaching notes,

activity sheets and posters for teachers to use in the classroom. It has been designed in two sections to meet the different needs of pupils aged 5-7 and 8-11.

All head teachers of primary schools have been offered copies.

Novartis Consumer Health.

Tel: 01403 210211.



Men still can't help acting on Impulse

Elida Fabergé is supporting its Impulse Body Spray range with a contemporary new TV commercial from June 7.

Entitled 'Bar', the humorous commercial features a girl encountering two men, one young and one old, who are both instantly attracted to her.

It reflects research undertaken by Elida Fabergé which shows that today's young girls feel confident about their sexuality in the knowledge that they are in control.

Featuring the strapline 'men can't help acting on Impulse', the advertisement follows the award winning 'Art School' and 'Chance Encounter' commercials.

The TV campaign is part of a £5.5 million support programme that includes direct marketing initiatives and mass sampling.

Elida Fabergé.

Tel: 0181 481 6000.

ON TV NEXT WEEK

Arrid XX: All areas except U, CTV

Beconase Allergy: C5, C4, Sat

Benadryl Allergy Relief: All areas

Clarityn Allergy: IWT, CAR, TSW, C4, C5, GMTV, Sat

Compeed: CAR

Daktarin: All areas except GTV, CTV, TSW

Imodium Plus: All areas

Listerine antiseptic mouthwash: All areas

Livostin Direct: B, G, Y, C, A, HTV, W, M, IWT, TT

Nicorette Inhalator: All areas

Nicorette Microtab: All areas

Nyrol: C

Pearl Drops toothpolish: All areas except U and CTV

Protector 3D: G, Y, C, A, M, IWT, TT, C4, Sat


Setlers: C

Sensodyne toothpaste: All areas

Zi: C4, Sat

Zirtek: GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



**THIS SUMMER, YOUR CUSTOMERS
CAN BE REALLY BRAVE.
THEY CAN SIT IN THE GARDEN.**



MAKES LIGHT OF HAYFEVER

ALLERGY

PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

INDICATIONS: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSE AND ADMINISTRATION: Adults and children aged 12 years and over: 10mg once daily. In renal insufficiency halve the dose to 5 mg ($\frac{1}{2}$ tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and breastfeeding. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.

DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with

other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.25.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 5221/0001.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 1DJ

Date of preparation: December 1998

UCB-Z-99-05



E-commerce enters the world of pharmacy

The hottest topic on the lips of pharmacists, drug wholesalers and pharmaceutical manufacturers since the beginning of 1999 has been pharmacy on the internet. Within five months, no less than six 'internet pharmacies', as they are being called, have announced their presence and, in some cases, began doing business with consumers and patients via the World Wide Web.

Technically, an internet pharmacy is one that operates exclusively on the web rather than having any bricks and mortar or traditional retail presence. These companies are offering a wide variety of OTC products, medicines, health and beauty care products and prescriptions, to be sold in the traditional e-commerce manner. Consumers can log on to these sites through home-based or mobile/laptop computers, enter orders for the various products on offer and then have them shipped directly to their homes, bypassing any retail pharmacy outlet or face-to-face pharmacist contact.

The publicity that has accompanied these announcements has been nothing short of fierce. Press releases are being sent out daily trumpeting the presence of these companies on the internet and extolling their virtues, compared to the traditional pharmacy. These sites are filled with healthcare and drug product information, both directly and through links with the vast network of healthcare information web sites that are available already on the internet. They are claiming that there will be more information available to consumers than they could possibly obtain in any pharmacy as regards disease states and the products used to treat them.

Financially viable

The interest level in these companies is being fuelled to no small degree by the general public's and the financial community's overall interest in e-commerce. Companies like *Amazon.com* (the world's largest e-commerce business) and others that sell books, CDs, computers and other merchandise on the internet are the darlings of the US stock market, creating vast wealth for their founders and making many astute (and often not so astute) investors rich, as the e-commerce wave continues to sweep the US.

While none of them are publicly traded yet, everyone is anticipating a wave of future listings for such companies as *Drugstore.com*, *PlanetRx.com*, *Soma.com* and many of the other healthcare and nutritional companies that are currently attempting to do business on the internet.

And what of traditional pharmacy? Will it sit idly by and let these new companies take over and dominate the market? Not likely, in light of the \$150 billion dollar marketplace of prescription drugs, OTC medicines and nutritional supplements in the US that is at stake. In fact, many retailers and drug wholesalers have been actively participating in e-commerce in a low-key manner, staying below the radar as they carefully observe the entry of these new competitors. Traditional retailers of all types have entered e-commerce reluctantly, as they sought to keep customers coming in the doors of their stores. But in light of the seemingly instant success of many e-commerce merchants of all types, traditional US retailers in all sectors have developed and honed their commercial web sites to the point where they are ready, willing and quite able to do business on the web.

Pharmacy, of course, adds a number of special dimensions to e-commerce which many of these new companies

probably did not take into account when deciding to develop internet pharmacies. They include:

- the value of and necessity for face-to-face interaction with a pharmacist for counselling and therapy management, particularly when dealing with multiple medications and complex chronic conditions
- the need (particularly in the US market) to get prescriptions refilled at the pharmacy in which they were originally filled
- the significant control that third party payers and PBMs have over the US prescription drug marketplace
- the large portion of maintenance drugs that are dispensed by the US mail order pharmacies, which control 14 per cent of the entire prescription drug marketplace
- the ready availability of all OTC medicines in retail outlets other than pharmacies, including supermarkets, convenience stores, petrol station forecourts and others.

In addition, all the major pharmacy multiples, as well as the three largest PBMs (who virtually control the mail order business) have active and quite sophisticated web sites. Consumers can order prescription refills via these sites, track the progress of mail orders and, in some cases, access drug and disease state information. Since these

entities already have relationships with consumers, by virtue of having filled their original prescriptions, it seems that they definitely have an advantage in the e-commerce competition for pharmacy customers.

Independent fightback

And what of the independents? Will they be left behind in the fight for the cyberspace consumer? Not likely, as most of the large drug wholesalers in the US are already launching web sites for their symbol group programs. These sites allow consumers to enter their postcodes and locate the group member nearest to them. It is envisioned that the sites will offer all the conveniences and benefits of those of the multiples, as well as those of the internet pharmacies, with some sort of customisation that will bring the independents' strengths, personal service and convenient community location, to the forefront.

There will be much written, said and debated about the value of internet pharmacy in the weeks and months ahead. Needless to say, the jury is still out as to the potential for success of these new entities, as well as the ability for the existing pharmacy outlets to compete on the web. Watch this space for more information as the situation unfolds.

In all classes of compression...

..we'll help you take the heave-ho out of hosiery



Whether you're preventing venous leg ulcers or varicose veins in pregnancy,* Scholl Softgrip stockings are Britain's No.1 compression hosiery choice.

We know that comfort is essential for compliance, so we give you our help as well as our hosiery - all designed to make the Softgrip experience less effort and more effective.

Scholl's unequalled hosiery expertise is distilled for the professional and the patient in fitting guides, exercise videos and much more - why not prescribe Softgrip and find out how much more we can offer you?



Scholl

Softgrip

THE PROFESSIONAL'S CHOICE...*The patient's favourite*

For information ring Medical Marketing on 01565 624 157 or Email med-marketing@seton-scholl.com

*Class I is recommended for the treatment of mild varicose veins including these occurring during pregnancy whilst Classes II and III are recommended for the treatment and prevention of medium to severe varicosities and for the prevention of venous ulceration (Drug Tariff May 1999).

Softgrip and Scholl are Trade Marks of Seton Scholl

SPONSORED BY
CHEMIST & DRUGGIST

in Miller Freeman
A United News & Media company



PAGB

Royal Pharmaceutical Society
of Great Britain
Helping pharmacists deliver excellence



5-6 SEPTEMBER 99
OLYMPIA 2 • LONDON

AN IMPORTANT DATE FOR PHARMACISTS

MORE TO SEE, MORE TO EXPERIENCE, MORE TO CHOOSE FROM...

Pharmacy success in the new millennium means better knowledge, better business practice and better customer service.

Chemex 99 is THE industry forum which will prepare you for future success. It focuses on your needs as a healthcare professional and business manager by meeting all your product, professional, business and educational needs under one roof.

IN ONE VISIT YOU CAN

- Meet and do business with over 160 suppliers to the pharmacy industry
- Be updated about the issues affecting your business in free seminars
- Benefit from professional advice from, the NPA, RPSGB, PAGB, PSNC
- Look to the future by visiting the Millennium Shop

- Get free business advice in the NPA Village
- Discover the latest in OTC medicines in the dedicated OTC Village

**CALL FOR YOUR
FREE TICKETS NOW
ON 01203 426 526**

For up to date information visit the Chemex site on www.dotpharmacy.com

5TH-6TH SEPTEMBER 1999 • OLYMPIA 2 • LONDON

CHEMEX'99
WHERE COMMUNITY PHARMACY COMES ALIVE

COMPLETE AND RETURN COUPON BY
FAX TO 01203 426 519
or by post to : Chemex 99, CTS, Data House, Curriers Close, Tile Hill, Coventry. CV4 8AW

Please send me [] (no.) pre-registration tickets for Chemex 99

Mr/Mrs/Ms Initial

Surname

Job Title

Company Name

Address

Town

Postcode

Tel

Fax

Email

PHARMACYupdate

Fun and functional

All food is functional in the sense that we eat it and it provides the energy and nutrients we need to live. But now there's a new trend for foods with extra function added, as nutritionist **Angela Dowden** explains

Nutraceuticals, also referred to as functional foods, are causing heated debate because they blur the traditional dividing lines between foods and medicine. But at present it is only possible to buy functional foods from a supermarket, and unlike some specialist dietetic foods, they are not available on the NHS.

that osteoporosis, gut health and obesity are also key areas that are likely to incite food purchase and drive market development.



Spreading fats

Spreading fats currently constitute one of the biggest functional food sectors in the UK (worth £140

million in 1997). Considering that they contribute as much as 40 per cent of the fat in our diets, it is not surprising that manufacturers have seen great scope for introducing health benefits.

One area is the incorporation of mono or polyunsaturated fatty acids, credited with reducing the risk of heart disease through beneficially altering blood



Definition

Although there isn't actually a legal definition of a functional food, most of the parties with an interest in this area agree that they are foods marketed as having specific health effects.

According to the Government's Food Advisory Committee, functional foods are ordinary foods that have components or ingredients incorporated into them to give them a specific medical or physiological benefit, other than a purely nutritional effect. The Leatherhead Food Research Association (LFRA) adds that to be classified as a functional food, a product should also carry a health claim on the packaging.

Based on this definition, 1997 figures show that the European market for functional foods was estimated at £830 million, with the UK market being valued at £239 million, or 29 per cent of the total.

Research from the LFRA suggests that UK consumers place the most emphasis on claims relating to heart disease. Preventing cancer is another aspect of nutrition which interests consumers a great deal, but interestingly this is the area that consumers feel they can exert least control over. (In fact, according to the World Health Organization, at least 35 per cent of cancer cases are diet-related.) The LFRA says



Some cereals have on pack claims of being high in calcium



Functional foods

Nutraceuticals come under scrutiny

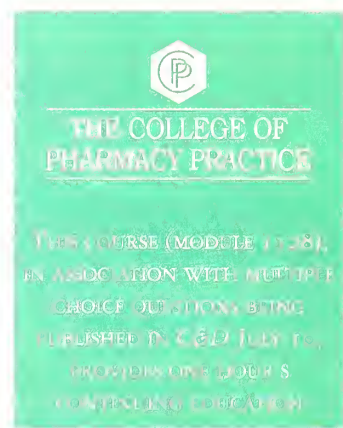


Our Healthier Nation

The second part looks at what the Government is doing to reduce cancer rates

Code of Ethics

A new series kicks off looking at each of the nine Code of Ethics principles



OBJECTIVES

- To understand the concept of functional foods
- To be aware of the different formats of functional foods
- To recognise the particular benefits of each type
 - To be aware of the legal issues surrounding these foods
 - To be aware of the Government's stand

cholesterol levels. Some spreads provide omega-3 fatty acids from fish oils which, in sufficient quantities, can lower triglyceride fats in the blood. However, one brand, named Pact, was condemned by the Advertising Standards Authority for unsupportable claims. It has subsequently been withdrawn as a result of bad sales. Critics say that the amount of omega-3 fatty acids provided by such a spread is insignificant and the claims exaggerated. But the counter view is that for people who dislike fish and find it hard to follow the Government recommendation to

Continued on P11 →

eat two portions a week (of which one should be oily) such a product can be useful.

A newcomer to the UK spreads market is Benecol. In Finland, this is already a popular spread, with more than 17 per cent of the Finnish population estimated to have eaten it. The functionality of Benecol centres on the inclusion of plant stanol ester, an ingredient that can lower cholesterol and which is derived from plant stanols found naturally in small amounts in foods like wheat, rye and corn.

Benecol is perhaps the best researched of all the functional foods on the market. One study published in the *New England Journal of Medicine* showed how subjects in Finland who included plant stanols in their daily diet over a period of one year saw their total cholesterol levels fall by up to 10 per cent and their LDL cholesterol (the bad sort that tends to deposit in the arteries) by up to 14 per cent on average. High density lipoprotein (HDL) or good cholesterol did not change and no side effects were reported. The way that the plant stanol ester in Benecol works is by blocking the absorption of cholesterol from the gut. This includes cholesterol in bile as well as fresh cholesterol ingested from food.

2 Yoghurts and probiotics

Another large functional food area is that of dairy foods containing friendly or probiotic bacteria claimed to promote gut health. Bio yoghurts containing *Lactobacillus acidophilus* and *Bifidobacteria* lead the sector, whilst specialist fermented products such as Yakult (providing *L. casei Shirota*), Nestlé's LC1 (providing *Lactobacillus johnsonii*) and the supplement Culturelle (providing *Lactobacillus GG*) are also strong players.

Evidence for the benefits of probiotics has been increasing in recent years. Some interesting findings include:

- *Bifidobacteria* may help fight a wide range of harmful and food-poisoning bacteria, including the potentially fatal *E. coli* 0157 (work carried out by Dr Glen Gibson of the Institute of Food Research)
- *Lactobacillus GG* can be helpful in treating antibiotic-associated diarrhoea. In one study, involving 16 healthy volunteers who took the antibiotic erythromycin, eating two 125g pots daily of yoghurt fortified with *Lactobacillus GG* reduced the average number of days subjects were affected with diarrhoea by from eight to two
- *Lactobacillus GG* has also been shown effective of treating some cases of travellers' diarrhoea and rotavirus infection, the most



Asian women have high intakes of phytoestrogens in their diets

common cause of diarrhoea in children worldwide

- other studies have shown that *Bifidobacteria* and *Streptococcus thermophilus*, both bacteria found in bio yoghurt, can prevent young children suffering from diarrhoea in the first place.

Bio yoghurt that contains *Lactobacillus acidophilus* can reduce the incidence of vaginal infections, including thrush and bacterial vaginosis. In one study carried out in New York, women who ate around 200g daily of yoghurt for six months had only a third of the incidence of thrush infections compared with women who ate no yoghurt at all. Gut colonisation of *Candida albicans*, the thrush-causing organism, also decreased significantly.

Supplementing with probiotics may also help reduce certain food allergies, according to Eriko Isolauri of Tampere University Hospital in Finland. This may be because the bacteria reinforce the barrier properties of the gut so that improperly digested compounds cannot leak through.

The downside is that probiotics only have a transient effect and regular daily consumption is needed to bring about health benefits. Pre-biotics, in particular fructo-oligosaccharides (FOS), are increasingly used in supplements and can have a more long-lasting effect as they encourage the

growth of *Bifidobacteria* already present in the gut. But at least 10g FOS is needed daily.

3 Cereals and grains

This is an area in which calcium fortification is very strong. Kellogg's is a leader with calcium-fortified All-Bran Plus (also containing vitamins C and E) and calcium-fortified NutriGrain bars. On pack claims on All-Bran Plus state that calcium is an important ingredient in building and maintaining bone health, that vitamin E helps maintain a healthy heart and that vitamin C is essential for a healthy immune system.

Burgen is a breed containing soya flour and linseeds which provide phytoestrogens, natural substances that mimic the structure of the hormone oestrogen. Phytoestrogens have been documented to enhance oestrogen levels when hormonal levels are low (ie of the menopause) or to weaken the effects of oestrogen when levels are high. This action may protect against both hot flashes and breast cancer.

But, as with many other functional foods, quite a lot of Burgen bread needs to be eaten, at least six slices daily on a long-term basis for any health benefits to be noted. Some researchers are

UK Functional Foods Market, 1997

| | Value | % share |
|----------------------------|------------|------------|
| Dairy products | 69 | 28 |
| Spreads | 140 | 59 |
| Bakery and cereal products | 30 | 13 |
| Total | 239 | 100 |

(Source: LFRA)

worried about the potential effects of high doses of phytoestrogens on the fertility of men.



4 Drinks

Drinks are a fast developing area of functional foods. For example, some are fortified with the antioxidant vitamins A, C and E, and others with herbal extracts. A new range of herb and vitamin-enhanced drinks called Phuse claims to help overcome problems ranging from PMS to lack of energy. A Tropicana fruit juice brand is now also fortified with calcium at the rate of 365mg (45 per cent of the RDA) per 250ml glass.

Drinks such as Red Bull Stimulation drink, which contains caffeine, can also be described as functional foods. Red Bull makes statements including 'vitalises body and mind... increases physical endurance, improves and increases concentration and reaction speed'. But according to the Food Commission, it is no better than a sugared cup of coffee.



Legal issues

There is no separate legal category for functional foods, and as with other foods, manufacturers are not allowed to make a claim that they can prevent, treat or cure disease. A statement such as 'provides calcium which is important for strong bones' is a health claim that is perfectly acceptable. By comparison, 'provides calcium which helps prevent osteoporosis' is a medicinal claim that is illegal.

The problem is that there are many grey areas and, according to a National Consumer Council (NCC) study funded by the Ministry of Agriculture, Fisheries and Food, consumers do not make distinctions between types of claim. Instead, they categorise them by the degree to which they could be understood. Groups such as the Consumers' Association, National Consumer Council and Food Commission are worried that some health claims may imply a therapeutic benefit that is not present.

Another concern are symbols used on packaging, which,

Continued on P16

Make a date with Pharmacyupdate

Twice a month, *Chemist & Druggist* brings you **Pharmacyupdate** – unrivalled distance learning for the practising pharmacist

- **Update** helps you to fulfil the Royal Pharmaceutical Society's current requirement of 30 hours of Continuing Professional Development each year. It should be part of your professional development portfolio.
- **Update** allows you to self-test your understanding using simple monthly question papers. Better still, for a modest fee (£15 + £2.63 VAT) you can register with *C&D*'s automated marking service and receive a certificate showing the number of hours of distance learning you have completed.
- **Update** is accredited by the College of Pharmacy Practice. Recorded completion of the question paper counts towards study hours required for CPP membership.
- Back issues are no problem. If you miss an article, you can catch up by using a faxback service or visit *C&D*'s **dotpharmacy** Internet site.
- Northern Ireland pharmacists enrolling for **Update** will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education & Training.

Don't fall behind with your continuing professional development. Pick up the phone and speak to Mary Prebble on 01732 377269 if you need more information, or fill in the coupon below and send it with a cheque for £15 (plus £2.63 VAT) payable to Miller Freeman UK Ltd, which will register you for 12 months for certificated marking.

Pharmacyupdate is supported by

Genus Pharmaceuticals



GENUS PHARMACEUTICALS



To Mary Prebble. Please enrol me on the **Pharmacyupdate** telephone marking service for 1999.
I enclose a cheque for £17.63, made payable to Miller Freeman UK Ltd.

Name.....

Address.....

Postcode.....

Daytime phone number..... Fax.....

Signature..... Date.....

Northern Ireland pharmacists registering under CPPET scheme tick box ☐

Send this completed form to Mary Prebble, *Chemist & Druggist*, Miller Freeman UK Ltd, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RV.

Most popular potential health claims

| Claim | Percentage of people who say they might buy a food product on the basis of claim |
|-------------------------------|--|
| Reduces risk of heart disease | 67 |
| Promotes healthy teeth/bones | 59 |
| Prevents cancer | 55 |
| Lowers cholesterol | 45 |
| Lowers blood pressure | 41 |
| (Source LFRA) | |

Continued from P11

according to the NCC, are very likely to influence the consumer. A symbol such as a heart, or a heart shaped pack, strongly implies benefit to cardiovascular health. Worryingly, many consumers also believe (wrongly) that the Government controls and monitors health claims on packaging, and that such claims are part of an official endorsement of products as healthy.

Government's view

Steps are being made to tighten up controls on functional foods. In February 1996, the Government's Food Advisory Committee (FAC) was asked to carry out a review of health claims, focusing particularly on functional foods. This review involved a thorough review of the legal, marketing and administrative aspects.

But when, in December 1996, the FAC issued a set of draft guidelines for discussion, the colling of the General Election put all initiatives on hold.

Partnership established

As a result, a coalition of industry bodies, consumer organisations and enforcement authorities including the Consumers' Association, the Food and Drink Alliance, the Health Food Manufacturers' Association and the Food and Drink Federation established the Joint Health Claims Initiative (JHCI) in June 1997. This partnership between food manufacturers and retailers, enforcement officers and consumers aims to build on the work already carried out by the FAC and others to establish a workable set of guidelines for the industry to use.

The JHCI has now drawn up a Code of Practice on Health Claims on Foods which builds on the initial guidelines from the FAC. This Code not only sets out the general principles for making a claim, but also lays down very precise criteria for substantiating claims. In addition, the JHCI has set up a body to monitor the operation of the code and to consider the scientific validity of any particular claim.

The idea is that a single source of expertise will be available to

manufacturers and enforcement bodies to enable the Code to operate in a consistent manner. The Code is currently being ratified and should be operational shortly. It remains to be seen whether the self-regulation methods being proposed will stop unscrupulous companies still overstepping the mark.

Cost of functional foods

In many cases, functional foods are more expensive, and it is possible to get the same beneficial ingredients more cheaply and more naturally from a healthy, balanced diet. For example, a calcium-fortified fruit drink is much more expensive than a glass of milk which contains the mineral naturally. A stimulation drink costs about twice the price of a can of cola, and yet is probably no more effective.

Nevertheless, functional foods will continue to appeal because they are convenient for today's lifestyle. Some are also genuinely-researched and offer novel ingredients that can bring about health benefits quicker than would normally be the case through eating conventionally healthy foods alone. But the danger comes if people begin to rely on these foods in place of – instead of to supplement – a healthy diet.

C&D is accredited by the College of Pharmacy Practice as provider of distance learning until March 2000.

ACTION PLAN

1. Visit your local large supermarket and list which products mentioned in the paper they stock in your practice workbook.
2. Focus on one nutritional food. Work out how to obtain similar benefits from standard products. Compare the relative costs, benefits and potential problems. Are there real benefits by consuming nutritional foods?
3. How would you respond to a client asking about the benefits of any one of these products? Do you have sufficient information? If not, try to trace a good source.
4. Have you seen any unsubstantiated or questionable adverts? What should you do?

Target cancer

In the second part of a series on 'Our Healthier Nation', Jean Rothwell, pharmacist and secretary of the South Lancashire Local Pharmaceutical Committee, looks at what is being done about cancer

The Government aims to reduce the death rate from cancer among people under 75 years old by at least a further fifth by 2010 from a baseline at 1996.

If it succeeds in achieving its target, then the levels of cancer in this country could be reduced to those currently found in the best performing countries in the European Community – namely Finland and Sweden.


Community pharmacists have an important and integral role to play in the area of cancer.

Prevalence and incidence

Cancers are among the most common causes of death in this country. Around a quarter of a million cases of cancer are diagnosed in the UK each year, with around 156,000 deaths. At current rates, about one in three of the population will get cancer and one in four of the population will die from it. Rates are slightly less for women than for men.

In men, the main causes of death from cancer are lung cancer accounting for 28 per cent of deaths, followed by prostate cancer (12 per cent) and colorectal cancer (11 per cent). In women, the highest incidence is breast cancer, accounting for 18 per cent of deaths, followed by lung cancer (17 per cent) and colorectal cancer (12 per cent). Other parts of the body most frequently affected include stomach, oesophagus and pancreas.

The incidence of cancer presents marked geographical and social class inequalities. Death rates from lung cancer are 20 per cent higher in the north of the country than the national average and unskilled workers are four times more likely to die from lung cancer than



**THE COLLEGE OF
PHARMACY PRACTICE**

THIS COURSE (MODULE 1129),
IN ASSOCIATION WITH MULTIPLE
CHOICE QUESTIONS BEING
PUBLISHED IN C&D JULY 10,
PROVIDES ONE HOUR'S
CONTINUING EDUCATION

OBJECTIVES

- To be aware of the Government's 'Our Healthier Nation' targets for cancer
- To be aware of the incidence and prevalence of cancer
- To recognise the particular areas where pharmacy can have a strong input
- To be aware of the cancer action plan

professionals. However, the highest rates for malignant melanoma are to be found in the southern-most parts of the country.

The death rate for all cancers combined is twice as great in unskilled workers as it is among the professionals and while the death rates from all kinds of cancers show a steady increase with age, not all cancers are age related; some, such as leukaemias, can strike at any age, while testicular cancer peaks in the 30s then tails off.



Health promotion

While some cancer deaths are preventable, many are not. However, community

pharmacists are in the unique position of being able to help educate the public about the prevention or early diagnosis of cancers. They can promote ways of tackling unhealthy lifestyles and risk factors which lead to cancer. Counselling people when they visit their pharmacies for medicines or for advice on health matters is a good opportunity for intervention.

Maintaining a healthy diet plays an important role in the promotion of good health, so does living in a clean environment. We can individually try to ensure we have a healthy diet. And by working towards the development of smoke-free areas in our homes, workplaces and public areas we can improve the quality of the air we breathe.

Most people have a fear of cancer. Many of us refuse even to talk about the possibility that we may fall victim to it. But if posters were displayed in pharmacies showing statistics relating to cancer deaths together with details of the success rates experienced where treatment has been instigated in the early stages of the disease, then this could encourage people to take action. This could help avoid the risks of developing the disease in the first place, as well as being more aware of the need to seek medical help before it is too late.

Important areas for pharmacy intervention are discussed below.

1 Smoking

Smoking cessation is the first priority in the fight against cancer. It is estimated that smoking tobacco causes 50,000 premature deaths in the UK each year.

It is also thought that people who smoke between 15 and 20 cigarettes a day are 15 times more likely to die of cancer of the oesophagus, twice as likely to die of cancer of the bladder and twice as likely to die of a heart attack than those who do not smoke. These risks are in addition to the risk of developing lung cancer.

The dangers to pregnant women and their babies are also significant. Women who smoke during pregnancy run the usual risk of developing lung cancer but also other diseases such as cancer of the cervix. It is therefore important for pregnant women to be counselled about the dangers associated with smoking – for themselves and for their babies – and pharmacists are often the appropriate people in a position to draw their attention to these dangers.

Smoking cessation campaigns help to save lives and promote healthier lifestyles. For people who find it difficult to give up the smoking habit, pharmacists can offer counselling to guide and support them through the difficult



The sun may damage the skin, but the damage may not be apparent for some years

stages. Some people may be helped by the use of nicotine patches. The National Pharmaceutical Association has produced a Smoking Cessation Resource Pack which is useful for pharmacists and counter assistants when advising customers who want to give up the smoking habit. The pack covers all aspects of smoking cessation including epidemiological data, clinical aspects and nicotine replacement therapy.

Patients presenting prescriptions for chest conditions or seeking advice about cough medicines may be obvious targets for smoking cessation counselling. It is also useful to have leaflets about smoking cessation accessible in the pharmacy, particularly during the winter months. Smokers may give some thought to the possibility of giving up their smoking habit at a time when they are not feeling well and suffering from winter coughs and colds. Symptoms of hoarseness or difficulty in swallowing should also be treated seriously in patients who have had the symptoms for more than two weeks – they should be referred to their doctor.

2 Sun protection

Protection of the skin and use of sunscreen preparations is an important step in helping prevent cancer of the skin.

Most people are aware of the dangers of over exposure to the sun and frequently ask pharmacists' advice about sun protection creams. Pharmacists should ensure that their staff are fully trained to give correct advice, even to people who are not going abroad. Too much sun can be dangerous, even in this country!

The sun may damage the skin but the damage may not be apparent for some years, so it is particularly important for everyone likely to be exposed to the sun's rays, particularly babies and young children, to use a sun protection cream when out of doors in strong sunlight. Limiting their daily exposure to sunlight is another important preventative measure. Patients should always be referred to their doctor for advice when they show signs of unexplained sores or ulcers, particularly on their faces, in the areas around their nose or eyes.

Rodent ulcers grow very slowly and seldom spread to other parts of the body, although they can be locally invasive and destroy an eye or ear. Some rodent ulcers appear as raised lumps with a scab-like crust or they may look like pink warts with a fissured centre, bleeding occasionally but never healing.

Malignant melanomas are one of the most dangerous cancers, having the ability to metastasise,

Cancer Action Plan

The Government last month unveiled its action plan for reducing cancer deaths by a fifth in ten years. This would mean 60,000 fewer deaths in the UK.

The 'more challenging' target is to be set in the forthcoming 'Our Healthier Nation' White Paper. To achieve this the Government, and other involved parties such as patients and cancer charities, has drawn up a list of action to be undertaken. This includes:

- Cancer Action Team to work with the NHS to raise standards of care in hospital
- A national survey into patient experiences of care
- The National Institute for Clinical Excellence (NICE) to appraise the effectiveness of specific breast cancer drugs
- The Commission for Health Improvement to review progress of NHS in implementing improvements in cancer services
- New standards for treating individual types of cancer. Guidelines on gynaecological and stomach cancers to be drawn up this year
- Cancer research bodies to better plan and share information
- NHS on-line information and links for cancer patients and carers

Continued on PIV →

Continued from PV

seedling new tumours at distant sites within the body unless caught in the very early stages and treated. They are usually confined to the legs and soles of the feet and they develop from pigment cells – sometimes from pre-existing moles.

Squamous cell carcinomas most commonly appear on the lips, near the ears or on the hands. They appear as enlarging open sores or wart-like lumps which can metastasise quickly, so early treatment is essential.

All pharmacy staff should be warned of the need for caution when such symptoms are presented in the pharmacy. It is usually necessary to refer the patient to his or her doctor as soon as possible.

Pharmacy staff should be fully trained about the types of sun

screen preparations currently available, especially for babies and young children. It is also important for customers to be reminded about the need to avoid over exposure to the sun's rays, even when protected by a suitable cream. Caution must be exercised even when the sun does not appear to be shining brightly, because the effects of the sun's rays can be just as dangerous on dull days.



Gastro-intestinal

Pharmacists are frequently asked for advice about stomach or bowel disorders, and when the same person returns a week or ten days later, asking for additional or alternative treatment for a problem, we must consider the possibility of the presence of a more serious underlying condition. In situations where treatment has failed to be

effective over a week or ten days, it is advisable to refer the patient to a doctor. Inexplicable variations in bowel habits in someone who normally does not suffer from bouts of constipation or diarrhoea, or a combination of both, indicates a need for further investigation.

Blood in the faeces or bleeding during defecation is an important warning signal and a referral to the patient's GP is advisable because these are often the first symptoms of cancer of the colon or of the rectum. When treated promptly, many cases of cancer of the colon or rectum can nowadays be treated with good long-term prospects.

Patients suffering from cancer of the stomach often suffer symptoms that can be mistaken for indigestion in the early stages. A persistent feeling of fullness or pain before or after meals should never be ignored. Unexplained loss of appetite or frequent nausea,

sometimes accompanied by weight loss, should always be referred to a doctor. In cases where delays occur it may be too late for a cure to be effective, especially in patients over the age of 50.

A patient suffering from a sore mouth (mouth ulcers, sore tongue or gums) whose condition fails to improve with the usual treatment after two weeks should be referred to their doctor or dentist for advice. Many of these cancers respond well to treatment if it is started in the early stages.



Cancer screening services

There has been a significant fall in the numbers of women suffering from cancer of the breast and cancer of the cervix following the introduction of mass screening programmes in the vulnerable age groups for these cancers. Pharmacists should make efforts to encourage women to use these services – opportunities arise when women seek their advice when collecting prescriptions; for example, for the contraceptive pill or for HRT. Many lives have been saved by screening programmes and we should not overlook the value of these services.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. In your practice workbook prepare a list of symptoms for each cancer type discussed in the article which can be recognised as potentially dangerous.
2. Discuss with your staff the areas in which you can all provide health advice about cancer recognition and protection. Pay particular attention to smoking, breast/cervical screening and sunscreens.
3. Look at photographs of rodent ulcers and skin melanomas in medical textbooks so that you have some idea of their appearance.
4. Do you have any suitable posters to display?

For people who find it difficult to give up smoking, pharmacists can offer counselling to support them

PHARMACYupdate: distance learning for pharmacists

Pharmacists using *Pharmacy Update* for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D's* readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 10 issue,

which will cover this week's CPP-accredited modules, together with those in the June 19 issue.

The MCQ paper for the May modules will be enclosed in next week's *C&D* covering:

- Primary core groups (1125)
- Our Healthier Nation – Mental Health (1126)

- Coeliac disease (1127).

A faxbook service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with



GENUS PHARMACEUTICALS

SURVIVAL KIT



To survive in pharmacy you have to use your most primitive business instincts. One of which is to recommend reliable brands to valued customers. Rhône-Poulenc Rorer supply four such brands, all offering excellent sales opportunities throughout summer.

Anthisan with 60.1%* of the bites & stings market. Opticrom with 69.5%* of the sodium cromoglycate allergy eye drop market. Brolene with 86%* of the infected eye market. And Dioralyte with 74.3%* of the oral rehydration market.

Support and merchandising materials as always will be on hand from the Fisons sales force. And urgent stock supplies can be had from your local representative or by calling telephone 0990 133347.

Rhône-Poulenc Rorer. Helping to keep pharmacy business alive.



Hard and fast rules



There are nine principles to the Code of Ethics, but what do they mean in practice to the community pharmacist?

Ruth Rodgers, consultant pharmacist and formerly head of ethics at the Royal Pharmaceutical Society, attempts to interpret each one in a new series

Principle One

A pharmacist's prime concern must be for the welfare of both the patient and other members of the public

The Royal Pharmaceutical Society's Code of Ethics comprises nine basic principles which, the Society states, seek to encapsulate the basic ideas covering the conduct of pharmacists. This series of articles looks at each of the principles in turn.

Of the nine principles, the first seems to be the most important. It is the key principle governing professional practice. It is certainly the most comprehensive. With 26 obligations and extensive guidance notes, it covers many aspects of pharmacy practice.

Throughout the many years of the Society's existence there has been much debate as to whether pharmacy is a trade or a profession and it is the duties imposed by Principle One that place pharmacy firmly in the position of a profession. A trader has a primary objective to make profit whereas the professional, while recognising the need to be profitable, will act in the best interests of his or her client even where this conflicts with the desire to make money.

This is highlighted by the issue of pharmacists refusing to supply medicine on request where the pharmacist believes that the medicine is not appropriate to the customer's needs. This aspect of pharmacy practice is most clearly illustrated by looking at the requirements of Obligation 1.7: 'A

pharmacist must exercise professional judgement to prevent the supply of unnecessary and excessive quantities of medicines and other products, particularly those which are liable to misuse ...' (Guidance).

A pharmacy is presumably run with the intent of supplying medicines to customers and, in doing so, to make a return on the investment put into it. However, despite a customer's expectation of being able to purchase specific medicines, there will be times when the pharmacist refuses to allow the supply. This is often because of a concern that a number of OTC medicines and non-medicinal products are misused.

In this context, misuse usually means consumption over a lengthy period and/or consumption of doses substantially higher than recommended. The Royal Pharmaceutical Society recommends that requests for medicines known to be abused are dealt with personally by the pharmacist, and expects that the sale will be refused if it is apparent that the purchase is not for a genuine medicinal purpose or it appears to be purchased too often.

For example

A well known example is Codeine Linctus, a product that is recognised as being subject to misuse in relation to its sale from pharmacies. Although a relatively effective and cheap cough suppressant, it is also known to be used as a substitute for stronger, more addictive opioids when these are unavailable. It is not uncommon for such customers to travel several miles to a pharmacy

known to be selling this product. Often they might buy only one or two bottles at a time but return to repeat the purchase several times during a week.

Codeine concern

From time to time the pharmacy journals carry reports about pharmacists who have been struck off the Register for failing to adhere to Obligation 1.7. More often than not the product concerned is Codeine Linctus, although Voloid tablets, and Kaolin and Morphine suspension have also been known to pose problems. In all cases the product is supplied frequently over a prolonged period and the doses of the medication being consumed are over and above the normal dose. In a recent case the pharmacist claimed that the high level of sales of Codeine Linctus resulted from trying to help customers to control their drug misuse problems.

However, pharmacists working alone are not in a position to attempt to control a misuser's habit. For all the individual pharmacist knows, the customer is visiting a number of pharmacies in the area and obtaining supplies from each. It is far better to liaise with bodies such as drug misuse clinics in local initiatives to assist misusers and deal with such problems.

The effect of such cases have been to focus attention on a limited number of products, and has resulted in an almost complete refusal to supply or even stock these items. Three points arise from this.

First, it results in a paternalistic attitude, that is, the pharmacist knows what is best for the patient,

taking a global view of all requests for identified 'problem' products and denies the patient or customer access to what may be a particularly appropriate medication for their circumstances. This view takes little or no account of patient autonomy. This is 'the right for a patient to take responsibility for themselves and take part in the decision making process about matters which affect their health' and assumes that the patient is not intelligent enough to be involved in the decision about what is right for them.

Second, attention is focused on a small number of higher profile products whereas the problem of misuse may relate to almost any OTC product.

Finally, it does not show a professional responsible approach to the role of the pharmacist. As professionals, we will be called upon to make difficult decisions when we have to make judgements that may be unpopular with the customer. However, if the decision rests on sound justification and the reasoning is communicated to the customer, the profile of pharmacy as a caring, responsible profession is raised. This approach allows customers to become involved with their own healthcare and perhaps prevents a discontented customer from leaving one pharmacy to search for another that is prepared to make a sale.

In summary then, Principle One of the Code of Ethics forms the basis of the way we practise pharmacy. It is the underlying principle guiding many of our day to day actions and differentiates the pharmacy from the newsagent, grocer and many other retail organisations.



Take away...

...the effects of
your customers'
busy lives...

...recommend
Zantac 75

ZANTAC⁷⁵ Effective relief from heartburn and indigestion for up to 12 hours with just one tablet

- "Outstanding safety profile...not considered likely to mask serious gastric symptoms" PM June 1998
- Prevention and treatment for heartburn and indigestion that works at the source
- One small tablet provides relief for up to 12 hours

Nothing works longer than ZANTAC⁷⁵



PRESENTATION Each Tablet contains 75 mg ranitidine. **USES** For the relief of indigestion, heartburn, and hyperacidity. For the prevention of food and drink related indigestion, heartburn, and hyperacidity. **DOSEAGE and ADMINISTRATION** Adults and children aged 16 and over, one tablet. No more than four tablets should be taken in any 24 hour period. **CONTRAINDICATIONS** Hypersensitivity. **PRECAUTIONS** Treatment should be restricted to a maximum of two weeks' continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after two weeks' continuous treatment. Should not be taken by the following groups of patients unless under medical supervision, patients with a previous history of peptic ulcer disease, patients with renal or hepatic impairment, patients with a history of alcoholism, patients with a history of dyspeptic symptoms, patients who are pregnant, trying to become pregnant, or breast feeding, patients with unintended weight loss, patients taking NSAIDs, patients with gastro-intestinal bleeding or patients with a history of porphyria. **SIDE EFFECTS** Generally well-tolerated. Rarely headaches, dizziness, depression, confusion, and allergic reactions. See SPC for further details. **LEGAL CATEGORY** RETAIL. **PRICE (ex VAT)** Zantac 75's £1.99, Zantac 12's £3.84, Zantac 24's £6.99. **PRODUCT LICENSE NUMBER** PL 10949/0223. Further information available on request from Customer Services, Glaxo Wellcome UK, Limited, 990, Watlington Road, Uxbridge, Middlesex, UB11 1BT. **DATE OF PREPARATION** May 1999.

More ethical relationships

Richard Purchase, formerly a pharmaceutical adviser and now development director at Innovex UK, assesses how the health service reforms will change relationships between community pharmacists and ethical manufacturers

Most observers would agree that the proposals for reform initiated by the White Paper, 'The New NHS: Modern and Dependable', will bring about profound and fundamental change in the structure and delivery of primary care in the UK.

It is also clear that, unlike previous Health Service reforms, there will be significant control mechanisms (such as NICE, national service frameworks, the Commission for Health Improvement and, particularly, clinical governance) to ensure that the professions deliver on quality and efficiency.

With the political will to implement these reforms backed by a significant parliamentary majority, combined with an apparent readiness to enter some of the traditional 'no-go' areas such as professional self-regulation and healthcare rationing (as evidenced by the approach taken to Viagra), the Government expectation is that change will happen and that failure is not an option.

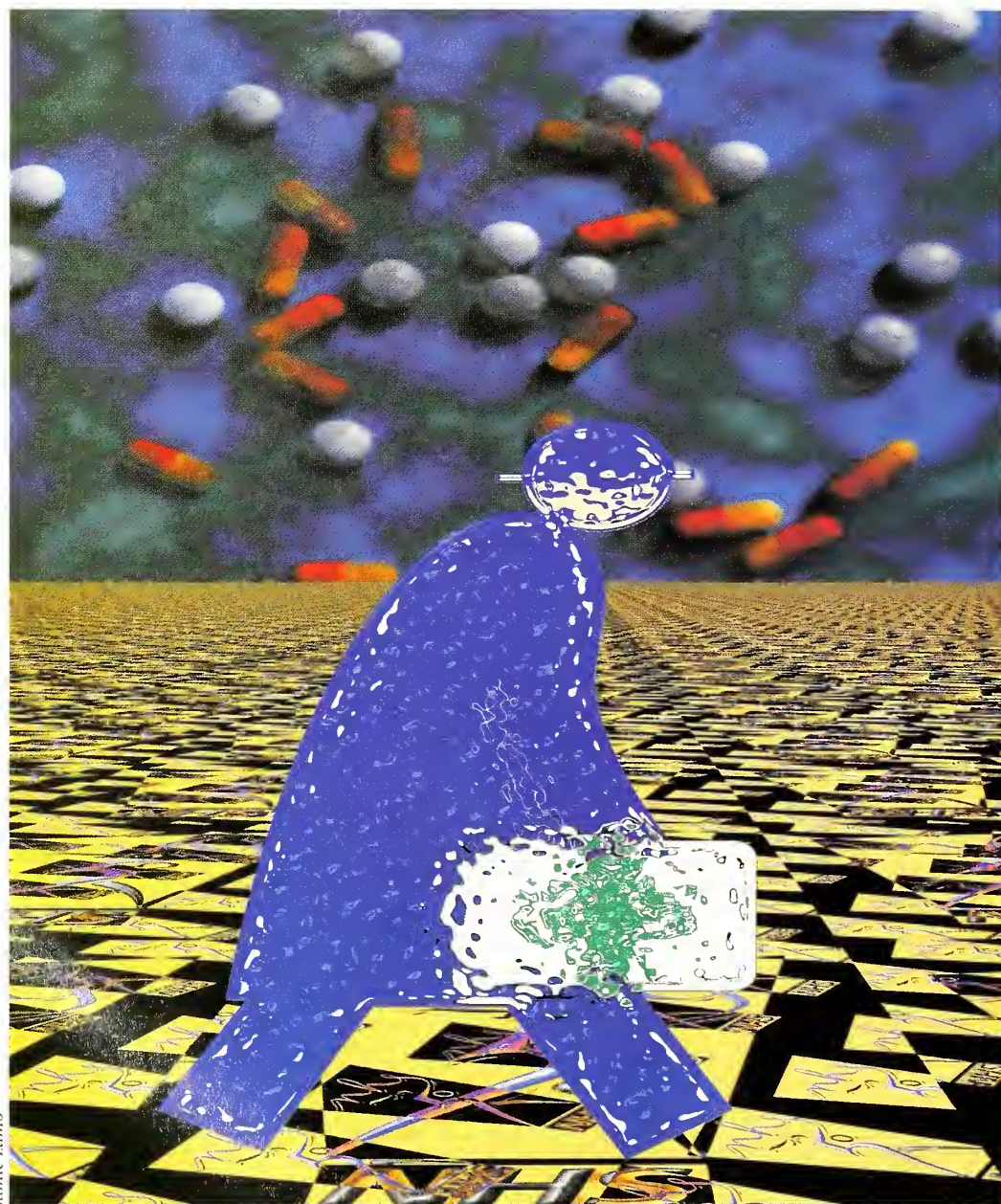
In this environment, where does the future lie for pharmacy and the pharmaceutical industry and will relationships between the two change?

Pharmacy opportunity

There can rarely have been a better opportunity for pharmacy as a profession. The cash-limited, unified budgets of PCGs will be a great stimulus for a continued focus on prescribing.

The classified sections of the pharmaceutical press demonstrate that PCGs have recognised the need to be able to access good quality pharmaceutical advice. Continued improvement in the quality and efficiency of prescribing will also need to go hand-in-hand with improved effectiveness of prescribing.

This is likely to be an early focus for clinical governance in most PCGs, and the contribution that community pharmacists can make through



Jamie Lamb

medicines management is an opportunity that should not be missed.

It is likely, after all, to be the platform for further professional developments in the new NHS, such as the implementation of the Crown Report and the establishment of the dependent prescriber status for pharmacists.

The prospects for community pharmacy as a business may be more complex. There have been significant efforts in most health authorities over the past few years to encourage greater levels of self-care by patients, often under the 'help us to help you' banner.

NHS Direct will continue to pick this theme up, and the local pharmacy

will increasingly become the most appropriate point of contact for more patients. With a steady progression of 'POM to P' moves, the prospects for the OTC business look healthy, although RPM continues to be a significant cloud on the horizon.

Since efficiency and value for

Continued on P22 →

Now available OTC

Fybogel Mebeverine Essential Information. Active Ingredients: Each sachet contains 3.5g ispaghula husk BP and 0.135g of mebeverine hydrochloride BP. It also contains sodium saccharin. **Indications:** For the symptomatic relief of irritable bowel syndrome. **Dosage Instructions:** To be taken as a suspension in water. Adults and children over 12 - one sachet morning and evening before meals, an additional sachet may be taken before the midday meal if necessary. Children under 12 - not recommended. **Contra-indications:** Hypersensitivity to any ingredient. **Precautions and Warnings:** Not recommended for children under 12. Fybogel Mebeverine should not be taken in the dry form. Gastrointestinal obstruction or impaction have been reported with hydrophilic mucilloid preparations when taken with insufficient liquid contrary to administration instructions. As the product contains 7mmol of potassium per sachet, caution should be exercised when potassium supplements or potassium-sparing diuretics have been prescribed. **Side Effects:** None known. **Retail Price:** 10 sachets - £4.95. **Marketing Authorisation:** Fybogel Mebeverine 0063/0025. **Supply Classification:** Pharmacy only. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** April 1999. Fybogel, Fybogel Mebeverine and the sword and circle symbol are trademarks. **Reference:** I. Dettmar PW and Sykes J. J Clin Res 1998, 1:453-459

obstruction or impaction have been reported with hydrophilic mucilloid preparations when taken with insufficient liquid contrary to administration instructions. As the product contains 7mmol of potassium per sachet, caution should be exercised when potassium supplements or potassium-sparing diuretics have been prescribed. **Side Effects:** None known. **Retail Price:** 10 sachets - £4.95. **Marketing Authorisation:** Fybogel Mebeverine 0063/0025. **Supply Classification:** Pharmacy only. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** April 1999. Fybogel, Fybogel Mebeverine and the sword and circle symbol are trademarks. **Reference:** I. Dettmar PW and Sykes J. J Clin Res 1998, 1:453-459

Strong
alone

Great
together

You're already holding the aces for treating abdominal pain and bowel dysfunction associated with IBS. Now you can really strengthen your hand by playing the pair in unique combination. Fybogel Mebeverine gives 65% greater relief from abdominal pain and 108% greater improvement in bowel function when compared to mebeverine and high-fibre diet¹.

Clinically proven relief in IBS



money will continue to be central to Government philosophy, it is unlikely that there will be significant above-inflation increases in the global sum in the near future.

Of greater uncertainty is the future of pharmaceutical services as PCGs develop into PCTs (primary care trusts). With wide-ranging commissioning and contracting powers, PCTs will be able to commission some pharmaceutical services on a local basis.

Which services might be commissioned? Will the balance between nationally and locally negotiated services remain as it currently is? Could some services be put out to tender?

Might PCTs be able to negotiate direct deals on drug prices, much as hospital trusts do now? Some PCGs are already considering direct purchasing of dressings and some wound care products.

Re-evaluation

New roles for pharmacy and pharmacists in PCGs will require many pharmaceutical companies to re-evaluate the nature of the relationships they currently have with pharmacists.

If pharmacists are to become increasingly influential in prescribing policy within a PCG or GP practice, then the industry ignores these pharmacists at their peril. However, the challenge that this presents for companies is significant.

Historically, pharma companies have focused their communication efforts on clinicians as the prescribers of their products. Increasingly, in recent years, there have been a number of additional influencers that they need to interface with, for example, health authority medical and pharmaceutical advisers, some specialist nurses, together with a limited number of practice pharmacists.

With the prospect of far more influencers on prescribing practice, together with a demand for an increasingly high-quality dialogue at that interface, the manpower and training needs faced by the industry (as well as by pharmacists) are significant if strong relationships are to be maintained.

Likewise, if pharmacy is to play a more active role in delivering the clinical governance agenda through medicines management initiatives, then there will be substantial opportunities for innovative companies to work in partnership with pharmacy for mutual benefit.

For example, one of the major challenges in managing most chronic diseases is concordance with treatment. Pharmacy, having direct contact with the patient, can play a

substantial role in improving concordance with therapy, thereby improving outcomes and ensuring cost-effective use of resources.

For the pharmaceutical company, poor concordance is a potential 'double whammy'. Not only is revenue lost because the patient doesn't receive the optimum quantity of medicine, but a poor therapeutic outcome (for example, inadequate BP control in hypertension) may create a perception in the prescriber's mind that the product is ineffective.

The opportunity for innovative partnerships between pharmacy and the industry to improve concordance is clear, and may even provide an additional revenue stream for pharmacy.

Ready for change?

The new NHS will provide substantial opportunities for pharmacy and the pharmaceutical industry to work together, not only for the mutual benefit of both business communities, but for the wider benefit of patients and the NHS.

However, as with any major life change, individuals and organisations adopt and adapt to change in varying ways and at different paces. These can be summarised, albeit simplistically, as:

- those who make things happen
- those who watch things happen
- those who wonder what happened, and why.

Those individuals and organisations that fall into the former categories will recognise that the new NHS is about improving quality, efficiency and outcomes.

There will be recognition that not everything can be done at once but that there will have to be priorities, and that the local health improvement programme (HIMP) will be the focus for these priorities.

Finally, there will be recognition that the patient should be central to all activities. Information technology, the internet and the whole cultural shift in the balance of relationships between the public and the professions will increasingly result in a more informed customer/patient with the capability to seek information and services outside of traditional routes.

The ultimate challenge and opportunity for the pharmaceutical industry in conjunction with pharmacy will be to build upon the current base of contact between the public and pharmacy to ensure that information, products and services that meet the needs of patients are continually accessible and valued.

Richard Purchase, Development Director, Innorex UK Ltd, Innorex House, Marlow Park, Marlow, Bucks SL7 1TB (tel: 01628 491500).

The Pharmacy Law and Ethics Association's first seminar looked at the rising challenge of civil liability in pharmacy practice

Accounting for liability

The Code of Ethics could have a contributory role in the number of negligence cases made against pharmacists in future.

"Not only is there increasing scope for errors, but there is more likelihood that people will claim from them," said pharmacy law specialist David Reissner. Patients have some responsibility for their own medicines, he said, "but we are living in a consumerist society where the consumer wants to put the blame on someone else". So as the Code of Ethics increases the degree of expectations in the public, so the courts are more likely to say you are negligent.

An area soon to develop for pharmacy is that of prescribing. But with that comes further scope for liability. For example, if there is repeat prescribing, pharmacists should avoid 'benzodiazepine-type' scenarios where patients are prescribed medicines on which they become dependent.

External pressures include 'ambulance chasing', conditional fees and the new civil procedure rules introduced in April. People who are more willing to complain are more anxious for compensation, he said. Ambulance chasing is not new, but may be increasing due to lawyers offering 'no win no fee' deals.

The civil procedures rules will have an effect by putting most civil claims on a fast track - that is they will be brought to trial within 30 weeks. This means there will be very little time to settle things out of court, he said. Once litigation starts it will be taken to a conclusion, which may affect the way claims are handled by the Chemists' Defence Association.

However, Mr Reissner commented that pharmacists are not more likely to make mistakes in the future. In fact, the greater professionalism should see



NPA director John D'Arcy

a reduction in traditional areas of claims, such as misreading prescriptions.

National Pharmaceutical Association director John D'Arcy warned "the more we [pharmacists] put our head above the parapet, the more likely it is to be shot off. This is difficult because we want the profession to extend its role. If the roles are outside the pharmacy, then we have to provide cover to keep pace with that." This means pharmacists have got to be up to the job, so should be engaged in continuing professional development.

He agrees with Mr Reissner that people expect to live in an almost error free society where there no 'accidents'. If there is an error someone always has to take the blame. "It's a blame culture. People are being encouraged to claim, and as you give a consumer more, they want more. Pharmacy is particularly vulnerable as we are so exposed."

Speaking about the Chemists' Defence Association, Mr D'Arcy said that most of the claims dealt with by the CDA relate to dispensing errors.

Continued on P24 →

E PREPARED - Summer Sun can trigger cold sores

ZOVIRAX

COLD SORE CREAM

Keep your customers Smiling all Summer...

...and keep your profits healthy

- The **No.1** Cold Sore Remedy!*
- **Nothing** works **Faster** to
Treat the Blister and the Tingle!



Contains aciclovir
Always read the label

HOLIDAY ESSENTIAL FOR COLD SORE SUFFERERS

Presentation: 5% w/w aciclovir in water miscible cream base. **Uses:** Cold Sore treatment. **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, Warnings, etc:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use if you have herpes, infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side and adverse effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Retail Selling Price:** 2g tube - £5.49, 3g pump - £5.99. **Product Licence Number:** PL 0003/0304. **Licence Holder:** The Wellcome Foundation Limited, Greenford, Middlesex UB6 0NN. **Legal category:** P. **Further information available on request from:** Customer Services, Glaxo-Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. **Date of preparation:** May 1999. ZOVIRAX is a trademark of Glaxo-Wellcome PLC.

→ Continued from 22

However, there is no correlation between increasing prescription volume and error rate.

In terms of defending pharmacists as business owners, he is surprised by the number of claims being made by people who have been injured in the shop. "I am convinced that when people buy a pharmacy, the first thing they do is to install a cellar trap door," he commented.

Claims over negligent advice are currently small, but Mr D'Arcy expects this to increase. "From a professional viewpoint, we are encouraging people to go to the pharmacy so it must follow that we will get more claims," he said. "But in a way, we almost want a claim as it pushes the profession forward."

"As a defence association, we work very hard to make sure cases do not go further, but some times we do want to take cases further." In the Migril case, where a doctor's dosage directions were not queried by a

pharmacist, resulting in a patient losing both lower legs, the CDA's action meant a judgement was made that gave a definition of what the pharmacist's role is. Similarly, the Storkwain case, involving a forged prescription for a controlled drug, led to a change in legislation allowing for a due diligence defence.

Saying sorry

A lot of incidents do not result in claims, probably because people are reluctant to take proceedings against someone they know, and a lot of errors are intercepted before any harm is done.

If a pharmacist knows they have made a dispensing error, there are professional requirements to apologise, but Mr Reissner said he hoped the pharmacist would take some advice before they made an apology. Many patients would understand and would not necessarily expect an instant response.

Writing down what has happened at the time of the incident may also be sensible. "From a lawyer's point of view, I would welcome pharmacists making a record of what has happened. As cases can go on for a couple of years it may be a long time from the time of the error."

In addition, looking to the medics where there have been accusations in the past of cover ups and 'conspiracy

"Greater demands are being placed on personal accountability in an increasingly litigation-based society"

theories', Mr Reissner commented: "I do not think that pharmacy wants that reputation"

Another problem is that people are reluctant to report errors, said Mr D'Arcy. "People won't say sorry because of the culture of car insurers who say 'admit nothing'. But in a lot of complaints we have been involved in that have run on, you get people saying that all they ever wanted was an apology. If you have made the error, if you are sorry, say sorry. It's not going to be perfect, but you are going to win more than you lose," he said.

Boots assistant pharmacy superintendent Joy Wingfield said that Boots holds workshops for pharmacists on how to deal with dispensing errors, and this appears to help keep down the number of complaints which turn into a claim.

She commented: "One of the difficulties is that we do not know how good or bad we [pharmacists] are as no-one keeps records of errors. Perhaps we should collaborate across the profession and ask what sort of incidence we are dealing with."

Liable or accountable?

Liability issues can result in beneficial outcomes for the profession, proposed RPSGB Council member Mark Koziol. Namely, if more people

are concerned about personal liability, they will be concerned about personal accountability.

He thinks there has been an erosion over the years of personal liability on the pharmacist's part because fewer pharmacists are actually employers - latest figures suggest 90 per cent of the profession are not owners.

Hence, many employee pharmacists have 'protection by proxy' as they are not personally responsible. Instead, it is their employer or the pharmacy business that will be held to account, due to 'vicarious liability'. In a large company, a dispensing error may result not in the pharmacist having to personally deal with the problem, but for a company protocol to come into play and a more senior manager being dispatched to appease the customer. This reduction in personal accountability could then affect a person's attitude towards education, training and the practice of the profession, he argued.

But greater demands are being placed on personal accountability in an increasingly litigation-based society, and criminal proceedings are increasingly taking place against individuals. This rising tide of liability is seeing a re-emergence of



Mark Koziol

personal accountability on pharmacy practice with an aroused attitude towards training and education.

This first Pharmacy Law and Ethics Association (PLEA) seminar was held in London in May. The next will be on September 16 at the British Pharmaceutical Conference in Cardiff and will look at the legal and ethical implications of advancing technology in practice. PLEA is a forum for pharmacists with an interest in law and ethics or others specialising in pharmacy law. PLEA's secretary, Dr Gordon Applebe, can be contacted at 14 Hitherwood Drive, College Road, Dulwich, London SE19 1XB.



Sick of working late? Star has the cure. A printer that simultaneously prints labels and prescriptions!

Trying to manage all the different tasks you encounter in a busy pharmacy quickly and efficiently can be a headache. Which is why the Star SCP700 combination printer has been designed to make life simple. A single printer gives you the freedom to produce high quality labels, and simultaneously endorse prescriptions too. No more waiting to print reports or MAR charts

after hours because the printer was tied up endorsing prescriptions. No more complicated fiddling when loading labels or prescriptions – just accurate printing in all the boxes. The printer automatically aligns the prescription time after time. So now with a single printer, you get more space on your counter, faster dispensing and no more out of hours administration and late nights!

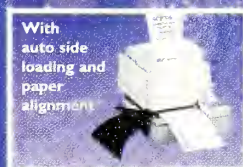
The Star SCP700. It's the cure to all your printing problems

To find out more about the Star SCP700 printer for pharmacists, call us on

01494 471111

or visit our website at

www.starmicronics.co.uk



Groups compromise pharmacy's message



Andy Murdock

Andy Murdock, superintendent pharmacist of Lloydspharmacy, talks to **Patrick Grice** about key issues affecting community pharmacy

Andy Murdock is the new kid on the block in political terms. It undoubtedly stood against him in the recent RPSGB Council elections where pharmacists tend to go for the 'comfort vote' of a familiar name.

But he has made an impact in other areas. He is the first pharmacist from a large multiple to be elected to the NPA board. Through the Company Chemists Association he has a place on PSNC.

And he has demonstrated a willingness to think 'outside the box'. He would like, for example, to see the formation of one body which could represent pharmacy contractors in all aspects of their activity.

"The profession is compromised at the moment by individual groups and their different viewpoints, and there are mixed messages getting back to government. That message has been streamlined recently by the efforts of the major parties to pull together to produce common submissions on documents, but that should only be an interim measure," he says.

There is a logic to the proposal, he

argues. There is much in common on the NPA, PSNC and CCA agendas (although that is not to deny that there are different drivers in some circumstances). To unite community pharmacy with one voice would send a strong message to government: for once, it might make ministers sit up.

The idea should be taken seriously, he insists. "There are a lot of legal and political issues surrounding it, but it should not be dismissed."

It's one of a number of changes Andy Murdock would like to see in community pharmacy. There has been too much "tinkering at the edges of reform", he says.

There has to be a re-engineering of remuneration, and a "clearer definition of the end game for community pharmacy". That will need a statement of government intent as well as a clearer view of where the RPSGB's 'New Age' process is taking pharmacists.

"It comes back to the supply versus service issue. We need to address that more robustly," he says. And at an even more fundamental level, contractors have to assess whether the

Government really wants a pharmaceutical service in the future.

"If it does, and a high quality one, then it ought to make up its mind and tell us that," he says. In his mind there is an element of doubt on the NHS' commitment to pharmacy.

"I do not think we will be done away with, because if pharmacies did not exist the Government would have to create something else which distributes medicines as efficiently as we do..."

The health secretary's strategy for community pharmacy was supposed to come out before last Christmas. What is holding it up? "I have no insight into why," he says. "Whether it was Dobson's rhetoric which has now been sat upon because of cost or direction ... I don't know. We are all waiting for a pointer."

So which areas need re-engineering? Andy Murdock is emphatic: "Pharmacists cannot ditch their birthright, the supply function. That would be very dangerous. But pharmacy is going to move to more of a service provision culture, and we have to re-engineer our processes

within the pharmacy to take that on board."

That means re-opening the supervision issue, and aggressively taking on the remuneration debate. But there has to be a political will, which is currently lacking. "Individual pharmacy bodies are very protective of what they do, and this is not always helpful."

A shift from service to supply is the right way to go, Andy Murdock says, and suggests that pharmacists should be paid on an accredited service

Andy Murdock had been working for 13 years for a small community pharmacy based in Chard, Somerset, when it was taken over by Hills Pharmacy, at that time the retail arm of AAH plc.

He stayed with the business and spent two years integrating new acquisitions to the Hills chain in Somerset before moving to the head office in Hook in 1995. He became superintendent of the merged Hills Pharmacy and Lloyds Chemists businesses in 1997 and now works from AAH's new UK headquarters in Coventry



All branches will have their fascias replaced with the Lloydspharmacy brand by July

basis. Incentives should be built into the system so that, like the Canadians, pharmacists can be paid for their interventions.

Technician training is an area where there have been conflicting messages coming from the NPA and Lloydspharmacy. Andy Murdock supports the move towards technician training. It will upskill the dispensing side of the operation, which could be the first part of a platform for further developments.

"In its own right it will not give pharmacists the time to go out and do the extra bits they want to do, so what else do we need to do? Standard operating protocols for the dispensary will allow for greater delegation to technicians. This will not take pharmacists out of the loop, but it will give them some of the time they require - and by that I do not necessarily mean being off the premises," he says.

"I am looking for an interim stage which everyone can buy into between what we have now and total deregulation." Ditching the "supervision thing" is not an option since it leaves the profession open to third party providers coming in, but the final check *per se* may not be everything, he says.

And how does Andy Murdock reconcile pharmacy's internal debates with the upheavals in primary care? There is, he says, a fair bit of uncertainty about how community pharmacy should relate to these bodies and their Welsh and Scottish equivalents.

"It is a second-guessing game again: where is the major impact going to fall?" he asks. Lloyds is resolved to be involved in health improvement programmes and providing prescribing advice. "We have to get involved, but co-ordination is patchy."

He has greater concerns, though, about primary care trusts. "I think they are going to have a greater impact because of the extra powers they will be given. For their first year, at least, PCGs will be totally bogged down sorting themselves out."

Lloyds has 150 or so pharmacies co-located with GP practices which might give it a head start in any corporate approaches to GPs, "but, by and large, I favour the collaborative approach," says Andy Murdock. "I always hope the information flow and relationship is there, although co-location is not a pre-requisite for that to happen."

If there is any major local initiative Lloyds would always go through the LPC structure, he says.

Healthy living centres are another health experiment with which Lloyds is involved. The Chat centre in its Alfreton branch was a pioneer in this area (it won a C&D/Glaxo Wellcome 'From Practice to People' Award three years ago), and has since

been joined by centres in Burnley and Dudley.

The Netherton Lloyds branch in Dudley is also now part of a major bid for HLC funding.

'Wellness' is another concept being explored by Lloyds. Initially, that meant taking a look at the chain's product mix. There is a team at head office developing services which patients can buy into or which, in the fullness of time can be offered to the NHS if it wants to buy them.

All branches now offer a nebuliser service. A cardiac assessment pilot is running in 12 stores, and Lloyds is also looking to develop a pharmacy diabetic clinic format. More involvement with health promotion activities is on the cards, and closer links are being fostered with the Health Education Authority.

"And since walk-in INR testing is flavour of the month at the moment, we have a pilot in one store. We will support managers to develop services if the opportunity is there," says Andy.

There is a future for this type of operation, he believes, "but it will be slower to develop than we might like, and that is because of the public's ability to appreciate what pharmacists can do and deliver. This issue can be overcome if people take more ownership of their own health".

AAH is active in this area too, but he says it has different priorities for its Community Health Services programme.

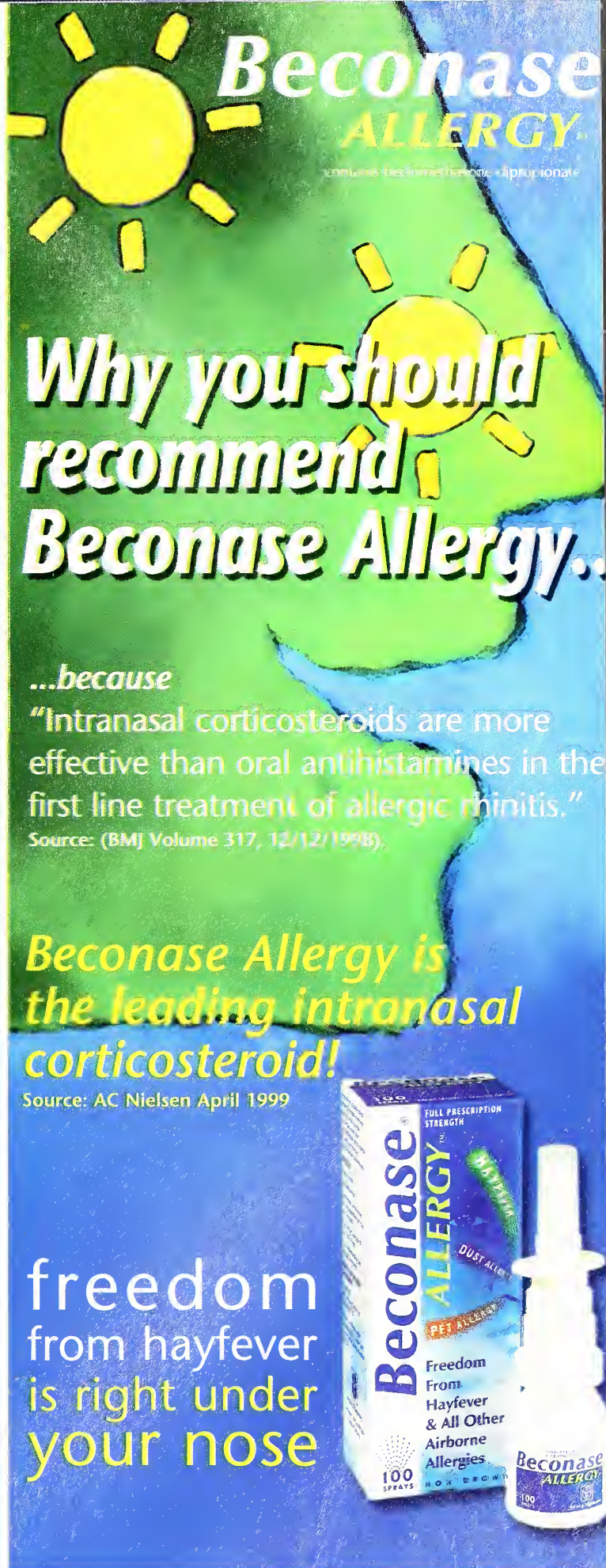
Resale price maintenance, recruitment and the rebranding of the Lloyds stores are the other issues occupying his mind at present.

"On RPM there is a lull before the hearing. We have contingencies in place, but there may be some big effects, particularly on smaller contractors. Our analysis on profits in our branches shows there will be a significant impact. Smaller branches would see profits cut, but I would not go as far as to forecast closure," he says.

Recruitment has been a bugbear ever since Hills and Lloyds merged. The vacancy rate for pharmacists has been reduced by over 50 per cent in the past 18 months. "We now have some attractive offerings in place to attract the right person. Having said that, there are areas of the country which cause us problems."

And the rebranding process toils on, and yes, it is taking longer than anticipated. "But that is a cynical viewpoint. We did a lot last year - 329 stores. We aimed for 400. No other major retailer has attempted that number and now we know why! As a result of what we learnt we have changed tack this year."

By the end of June all branches will have had their fascias replaced with the Lloydspharmacy brand. Interiors will be refitted on the conventional cycle of around 150 stores a year.




Beconase
ALLERGY
contains beclomethasone dipropionate

Why you should recommend Beconase Allergy..

...because
"Intranasal corticosteroids are more effective than oral antihistamines in the first line treatment of allergic rhinitis."
Source: (BMJ Volume 317, 12/12/1998).

Beconase Allergy is the leading intranasal corticosteroid!
Source: AC Nielsen April 1999

freedom from hayfever is right under your nose



Presentation: Aqueous nasal spray containing 50 micrograms beclomethasone dipropionate per spray.
Uses: Allergic rhinitis. **Dosage:** Intranasal use only. Adults aged 18 and over: Two sprays into each nostril every morning and evening. **Contra-indications:** Hypersensitivity. **Precautions:** If symptoms have not improved after using Beconase Allergy for 14 days consult a doctor. This product should not be used continuously for longer than 3 months without consulting a doctor. Pregnancy and lactation, consult doctor before use. **Side effects:** Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intraocular pressure or glaucoma and nasal septal perforation have been reported. Systemic effects may occur, particularly when used at high doses for prolonged periods. Price (ex VAT) 100 spray £5.69 180 spray £8.59

Legal category: P. **Licence Holder:** Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT

IN BRIEF

Alliance to pick up the Czech?

Alliance UniChem has signed a letter of intent to acquire two wholesalers in the Czech Republic for around £12 million. The wholesalers have a combined 15 per cent share of the Czech market and last year reported combined operating profits of £1.6 million on a turnover of £90 million. AU expects to complete the deal later this year. The group has also acquired two doctors' software companies in France.

Acquisition rumours for Glaxo

Speculation suggests Glaxo Wellcome could be drawing up plans to launch a £50 billion hostile bid for SmithKline Beecham. GW is believed to have hinted that it is preparing a big deal soon, although SB is one of a number of potential targets. Others could include Rache, Boyer and Eli Lilly.

Importers launch web site

The Association of Pharmaceutical Importers (API), whose members account for most of the licensed EU-based parallel imports bought in the UK, has launched a web site. It said the site would keep customers informed about the intra-EU trade in pharmaceuticals. The address is: <http://www.api.org.uk>.

Chiesi acquires Trinity

Chiesi Farmaceutici, one of the largest Italian-owned pharmaceutical groups, has acquired Trinity Pharmaceuticals from Advent International. Chiesi, which has products in more than 40 countries, is forecast to have a consolidated turnover for 1999 of \$400 million, due in part to the acquisition of Trinity. Following a management buy-out in spring 1997, Trinity has seen turnover increase 100 per cent, with a doubling of profits in the past 12 months.

Source loses court battle to keep prescription data

A High Court judge has ruled that Source Informatics cannot lawfully receive GPs' prescription details and use them to sell information to pharmaceutical manufacturers. Following the ruling, both the Royal Pharmaceutical Society and the National Pharmaceutical Association advised pharmacists not to supply any further prescription data to data collection companies.

Mr Justice Latham's decision - the first of its kind in this area - is a blow for Source, which runs a prescriber database for pharmaceutical manufacturers who want to target GPs more precisely with promotions and product information (C&D May 22, p32).

Mr Justice Latham has warned that if Source's database continues to run in its present form, pharmacists could face court action by patients for breach of confidentiality.

Source, owned by IMS Health, had challenged as "erroneous in law" Department of Health guidelines which say that disclosing prescription details is a "breach of confidentiality".

But Mr Justice Latham said it was "impossible to escape the logic" that Source's proposal "involves the unauthorised use by the pharmacist of confidential information".

Source pays pharmacists a fee, and supplies them with software to download the names of GPs and the identity

and amount of drugs supplied onto discs. Many GPs and pharmacists, however, have rejected the scheme because of the DoH guidelines.

The judge said Source's database service would "result in a clear breach of confidence unless the patient gives his consent, which is not part of the proposal at present", he said.

Sarah Moore, junior counsel representing Source, said the judge's ruling was of "huge importance" to the law concerning the confidentiality of information. Patient information, she added, had been routinely used for statistical analysis and research by public bodies. That was now in jeopardy.

Michael Beloff QC, Source's counsel, said rare drugs or rare drug combinations would be excluded from the company's scheme and there was no danger of patients being identified.

But Mr Justice Latham said Source itself recognised "there was a remote risk that certain information of a rare kind might conceivably enable a patient to be identified".

Although he agreed there was no evidence for such concerns, the judge said systems did not always work perfectly and a risk, however small, remained.

"Pharmacists provide a service to the community. It is a matter of real importance that they retain the trust of the public," he said. "For them to

breach the patient's confidence for their personal gain does not seem to me to be acceptable, unless it could be said that the breach of confidence is itself in the public interest."

He also rejected Source's argument that the DoH guidelines interfered with the freedom of information enshrined in Article 10 of the European Convention of Human Rights. "As a matter of principle, the rights of patients are capable of justifying such interference," he said.

The company had its judicial review challenge dismissed and was ordered to pay the action's legal costs. But the judge, recognising the importance of the case, has granted Source permission to appeal against his decision to the Court of Appeal. Source said this week it would do so. "We went into the case believing clearly that what we did was not illegal - it's not the judgement we expected," it said.

As C&D went to press, Source had not decided whether to suspend its prescriber database, although it stressed it did not want to do anything illegal. However, the RPSGB advised members not to supply any further prescription information to data collection companies. John D'Arcy, president of the NPA, said: "Until we can clarify the position, the only advice we could offer pharmacists is to cease participation in these schemes."

BTC may scrap 100 property jobs

Boots the Chemists could scrap up to 100 jobs as it re-organises its property and store planning team.

BTC, which has begun a statutory 90-day consultation process with the team's employees, said the changes

would affect 190 jobs. Forty will be outsourced from its property division to two store design companies who are opening offices in Nottingham. The staff will merely switch from Boots the Chemists to the other companies. Around 50 BTC staff will be moved to other parts of the Boots group, which will include Boots Properties.

The remainder will have to choose between voluntary redundancies and

early retirement - forced redundancies will be inevitable.

The re-organisation could save BTC around £5 million a year, while its redundancy costs may reach £4m.

Peter Baguley, BTC's head of property and planning, said: "These proposals are the result of extensive research costs across the market. Having the right structure for property services in the retail environment is becoming more and more crucial."

United Norwest Co-op profits rise 30pc

United Norwest Co-op's (UNC) profit before distribution rose 30 per cent to £13 million for the year to January 23.

Including exceptionals and non-recurring items, UNC's profits leapt 137 per cent to £23.4m. Its turnover grew almost 7 per cent to £739m.

Martin Beaumont, UNC's chief executive, said pharmacies and food outlets

it had recently bought had partly fuelled the growth. UNC bought 20 pharmacies over the past 16 months - it now has 94 and expects to top 100 over the next few months.

He said its Future Travel and Holiday Hypermarkets, which are travel agency outlets, also performed well over the previous 12 months.



The Pharmaceutical & General Provident Society, a subsidiary of the National Pharmaceutical Association, has signed 200 tax-free endowment plans since they were launched in February. Anyone under 60 can apply and they do not have to be member of the P&GPS (tel: 0800 146307). (L-r) Ian Conquest, chairman of P&GPS' management committee, and Brian Dossier, its chief executive

Roche faces unsure future

Roche could be next in line for a major pharmaceutical merger following the death of Paul Sacher, head of the family that controls over half of the Swiss company's bearer voting shares.

Mr Sacher, who was 93, was an ex-Roche director who founded the shareholder pool that guarantees his family's control of the company, even though it owns just under 13 per cent of Roche's market capitalisation.

While Roche has been at the centre of merger speculation for years, it was believed that Mr Sacher and his family were stumbling blocks because they

would only agree to a deal that retained their voting power.

Roche has said that Mr Sacher held only a small percentage of the shares, which will be taken over by the Hoffmann and Oeri families. Their pooled voting rights will give them a majority stake of Roche Holding's 800,200 voting shares.

The company, meanwhile, has been fined \$500 million by the US Department of Justice - the biggest criminal fine in US history - for colluding with BASF and Rhône-Poulenc to fix the price of vitamins. BASF was

fined \$225m, while Rhône-Poulenc escaped punishment because it had co-operated with US authorities to break up the cartel.

Kuno Sommer, a former marketing director of Roche, will spend four months in a US jail and has been fined \$100,000 after he lied to investigators about the conspiracy. Criminal investigations against four current and former Roche employees are still continuing.

The Office of Fair Trading said it did not have plans to investigate Roche's activities in the UK vitamin market.



Legal matters

● I let space above my pharmacy to a woman offering aromatherapy, on a monthly agreement of £450 per month. However, she is consistently falling behind with the rent, and is now five months in arrears. I would like her to vacate the premises. Can I give her a month's notice and reclaim the premises with a bailiff, or is it much more involved?
JH, Coventry

Your situation could indeed be "more involved" - you may wish to consult a solicitor before going any further.

Most written leases contain forfeiture clauses permitting landlords to re-enter and determine leases. However, you may only enter

peaceably; if this is not possible you will have to issue court proceedings. Tenants may be able to regain possession if they can clear rent arrears within a reasonable time.

In the absence of a forfeiture clause, you may serve a notice demanding possession, but one month's notice will not be sufficient to recover the premises. A landlord's notice to a business tenant must be not less than six months. It requires the tenant to state within two months whether he will give up possession. If he will not, then the landlord must issue court proceedings to recover possession under certain specified grounds (which include the persistent delay of the tenant in paying rent). The court has a discretion to order possession or not, and if the tenant can make reasonable proposals for clearing the arrears it is possible that possession will not be ordered. The tenant would in those circumstances be granted a new lease by the court on similar terms to his or her old one. This can be a lengthy process.

A formal lease saves a landlord time and expense. The Law Society's standard form of business lease might be used in such circumstances, reducing legal fees, or a solicitor can draw one up for you.

A few years ago I started a business and went to the bank for advice. They lent me a substantial amount of money to get my business off the ground. After years of loyal custom, the bank's manager was replaced and since then my business has been reassessed. It seems they gave me too big a loan and subsequently have done everything in their power to get me out. In my time as a customer, I have never been in debt and have never acquired any charges for late payment or exceeding my overdraft limit. They have now cancelled my overdraft and I have been given 30 days to transfer my account. Is there anything I can do?
TN, London

Your problem is a common one. Banks frequently have changes of lending policy, sometimes directed by head office, sometimes by a change of personnel at the bank.

You say that you have never been in debt; obviously you do have some indebtedness to the bank in the form of your overdraft. If you have a written loan agreement with the bank, eg for repayment by monthly instalments over ten years, and if you have not breached any of the

COMING EVENTS

TUESDAY, JUNE 8

NICPPET, the Aldergrove Airport Hotel, Crumlin, 10am-5pm. 'Dealing with conflict' (Interpersonal Skills Module, Unit 4).

WEDNESDAY, JUNE 9

The **RPSGB Agricultural & Veterinary Pharmacists Group's** AGM will take place at the Society at 12.30 for 1pm.

THURSDAY, JUNE 10

Weald of Kent Branch, RPSGB, at The Hare, Langton Green, 7.30 for 8pm. Branch dinner.

NICPPET, The Beeches, Hampton Park, Belfast, 9.30am-1.30pm. 'Microsoft Excel: spread-sheets' (IT Module, Unit 4).

provisions in that agreement, you may be able to persuade the bank to take a softer line. However, nearly all overdraft facilities are repayable "on demand".

Much depends upon the size of your overdraft and whether you have given a personal guarantee or other security. If the bank has a guarantee or a charge on the premises, your negotiating position is weaker. Paradoxically, the more money you owe the bank and the weaker its security position, the more accommodating it may be. For example, if the debt is owed by a limited company and the bank does not have a charge on the company or any other security, it could end up with nothing in the event of liquidation or insolvency.

If you have not already done so, make an appointment to see your bank manager to discuss a solution. Your bottom line must be that you need more time to make alternative arrangements. Assuming your trading and payment record is as good as you say, you should be able to switch to another, more sympathetic bank.

Advice provided by Lawyers for Your Business, an initiative of the Law Society. For more information, tel: 0171 405 9075.



The revolutionary new nappy system

Weenees

- Environmentally friendly
- Compostable and flushable
- National PR campaign
- Available from Enterprise, AAH and M&S Toiletries

For more information contact: Nucare plc 86 Northolt Road Harrow Middlesex HA2 0EL

Tel. 0181 515 9800 • Fax. 0181 515 9801 • Email: info@nucare.co.uk

Classified

Appointments £27 P.S.C.C. + VAT minimum 3x1. General classified £25 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Dove Armstrong, Chemist & Druggist (Classified), Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dolpharmacy.co.uk>. All major credit cards accepted



APPOINTMENTS

TAUNTON

Full time Superintendent Pharmacist required for newly built modern Pharmacy in rural location outside Taunton. Excellent growth potential.

Contact: Mr Chris Nelson on 01823 433400
Mount Street, Bishops Lydeard, Taunton

DUBLIN

Looking for a new challenge? Abbey Healthcare requires an enthusiastic Pharmacist to join our professional team of Pharmacists, supported by experienced Technicians. Traditional dispensing - MDS dispensing - opportunities for interaction with other healthcare professionals.

For further information please contact Evelyn or Kate at Abbey Healthcare, 40 Abbey Road, Monkstown, Co. Dublin
Telephone: 00 353 1 2844150

NEWRY/N. IRELAND

Enthusiastic pharmacist manager required full time. Friendly atmosphere with good supporting staff. Pharmaceutical Society fees paid.
• Newly registered welcome •
• Excellent salary and terms negotiable •
Contact Frank Foy
Tel: (0411) 644318 (anytime)
(01693) 830261 (Mon-Fri until 11pm)
or (01232) 691689 (weekends)

SW16 LONDON

Long term Pharmacy Manager or Pharmacy Locum required for full day Friday and half day Saturday.
Easy run shop.
Contact: Amy Patel
Tel: 0181 764 4812
or 0181 240 1016

LOCUMS

'THE LOCUM AGENCY' NATIONWIDE COVER (THE 5TH EMERGENCY SERVICE)

Retail/Hospital Pharmacists urgently required.
Free registration, good rates of pay.
Please call now on:
Tel: 01274 720884 (24 hours)
Fax: 01274 731917
Jamie or Judy

MEKA LOCUMS

For the Best Work in or Out of Town

Call: 0171 372 3399
Tel/Fax: 0171 328 1880
Mobile: 0958 350602

and Register Now

We Aim To Give You
A First Rate Service

BUSINESS FOR DISPOSAL

Alliance Valuers & Stocktakers

In addition to the sale of pharmacies, we also offer expert advice on:

Relocations.
New Contract Applications.
Negotiations with Doctors and Developers.
Corporate Negotiations with Multiples.
Arranging Finance.

Valuations for:
Probate.
Capital Gains Tax (1982)
Matrimonial Disputes.
Purchasers (Business Buyers Report).

Pharmacy Agents for all of the UK & Ireland
Tel (01423) 508172 Fax (01423) 531571

BUSINESS FOR SALE

allan orme

pharmacy sales and valuations

The shops in the locations advertised below are all small and would benefit from the attentions of a young enthusiastic owner manager

| | | | |
|------------------|-------------|----------------|-----------------|
| Bournemouth | Derby | Hull | Castle Bromwich |
| North Somerset | Oxford | Stoke on Trent | Shropshire |
| South Manchester | West Sussex | East Devon | Grimsby |

For further details ring 0467 611774 or e-mail: allanorme@aol.com or write to:
Cornerstones, Lime Walk, Dibden Purlieu, Southampton SO45 4RB

BUSINESS WANTED



CHEMIST

We Care



Progressive chain of 37 shops seeks to acquire Pharmacies with turnover of in excess of £400,000 in Southeast England and East Anglia. Freehold purchases. Matter treated in the strictest confidence. For a quick decision contact:

Kirit Patel, Day Lewis Plc, Bensham House,
324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
Tel: 0181 689 2255 ext. 221. Mobile 0860 484999. Fax: 0181 689 0076

LOCUMS

Pharma-Syd Ltd EMERGENCY LOCUM PHARMACIST



Mr S N BASHFORD

Beverley

East Yorkshire

Tel/Fax: 01482 881891

Mobile: 0410 735001



NATIONAL LOCUMS

Professional Pharmacy Locum Service
Top Nationwide Coverage

CALL NOW ON TEL: 0370 628791
for immediate cover

PHARMACISTS/TECHNICIANS are invited to register
Extensive cover available in Norfolk, Essex, Bristol & Kent

MP & J (EAST MIDLANDS)

Matching People & Jobs
Pharmacists &
Technicians, Nationwide
Register Free on
01753 830 625

ESSENTIAL LOCUM SERVICES ELS

Pharmacists, locums and
Technicians
are invited to register.
• Nationwide coverage •
• Competitive prices •

Call Sue on 0121 444 0075

TO ADVERTISE IN
THIS SECTION CONTACT
DAVE ARMSTRONG
ON 01732 377493

EQUIPMENT FOR SALE

Snap up an opportunity!

- New or nearly new minilabs and microlabs.
- Full start-up package if required including:-
Delivery / Installation / Training / Service / Supplies and
Lease Terms.
- Unbeatable deals on fully automatic microlabs.

For further information, call or fax us today

Telephone: 0181 994 0230 Fax: 0181 995 3336

Eurofilm UK Ltd

FOR SALE

TWO - 'Mini Lab' Photoprocessors comprising:

LEADER LAB

Processor/Film Unit - Value £20,000/Asking Price **£15,000 ono.**

IMAGER

Print Unit - Value £12,000/Asking Price **£8,000 ono.**

For further details please contact:

Gillian Lane

Grovehart Pharmacy, Bristol BS5 6NR

Tel: (0117) 9526010 Fax: (0117) 9526019

PRODUCTS AND SERVICES

CALLING ALL INDEPENDENTS



STRENGTH THROUGH UNITY

*Avicenna have announced a
major training initiative.*

*Enquiries from prospective
members are always
welcome.*

Call Vicki on Freephone 0500 451145

AVICENNA PHARMACISTS
*16 Shelveys Hill, Tadworth,
Surrey KT20 5PU*

PRODUCTS AND SERVICES

NEW
PACK
DESIGN

Cetrimide 1% w/w

Vesagex[®] cream 500g

- The professionals choice !

**Soothing antiseptic
cream for dry, chapped
or cracked skin.**

Abbreviated Product Information.

Vesagex Cream can be used as an
antiseptic for cuts and grazes, minor skin
problems, dry and cracked skin, minor
burns as well as nappy rash.

Contains Cetrimide 1% w/w. Also
contains liquid paraffin, cetostearyl
alcohol, verbena oil, purified water.

Chlorocresol as preservative.

Product Licence Holder.

Co-pharma Ltd, Rickmansworth,
Herts. WD3 1DE.

PL 13606/0079 GSL

Further information is available
on request from the licence holder.

Tel: 01923 710934

C.C.T.V.

LOOKING FOR A **BASIC** SYSTEM?
LOOK ELSEWHERE

As there is absolutely nothing better than this
"STAND ALONE" system

OTHER HIGH QUALITY SYSTEMS ALSO AVAILABLE

Enquiries

0800 7839699

John Kerry

Member: Chartered Institute of Marketing

Consultant in Retail Pharmacy.

Healthcare Marketing & Distribution

For further information please contact me
216 Chester Road Helsby

Cheshire, WA6 0AP

Tel: 01928 725441 Fax: 01928 724509

CAMRxx

BUYING GROUP

Fastest growing Buying Group of 425 independent pharmacists.

Join us now to **increase** your **profits** and have **benefit** of:

- ◆ 40 suppliers
- ◆ Central payment system
- ◆ Head Office Support Package
- ◆ 4 Months **FREE** trial

Call Pauline now on **FREEPHONE**

0800 526074

Mr. R. L. Hindocha.
BPharm.MR PharmS.FInstD.
54/62 Silver Street, Whitwick,
Leicestershire LE67 3ET

We Can't Be Beaten!

The UK's Largest Range of Discounted Photo and Minilab Products

Film • Batteries • Video Tape • Cameras
Binoculars • Photo Frames
Digital Paper and Cartridges • Minilab Paper
Chemistry • Sundries • Albums etc.

Lowest UK Prices or Tell us to Match

New Larger Warehouse and Offices
to Offer an Even Better Next Day Service

Exclusive UK Agency
Goldline Cameras and Binoculars

20 Years Trade Experience
to Bring You Our Award Winning
Monthly Trade Discount Price List

Send for it Today . . . Save Yourself £££s!

JEFF SCOWEN

PHOTOGRAPHIC WHOLESALEERS

UNIT 4 HITHER GREEN CLEVEDON BS21 6XT
TEL 01275 87 22 55 FAX 01275 87 22 66

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

**3 WEEKLY
INSERTIONS FOR
ONLY £75
IN A 3 x 1 BOX**

**PLEASE FILL
IN DETAILS
AND RETURN TO
DAVE ARMSTRONG**

'SPECIAL DEAL FOR LOCUMS'

Surname

First name

Address

Telephone number

Proposed advertisement copy (maximum 30 words)

.....

.....

To: Locum Specials, Chemist and Druggist, Miller Freeman House,
Sovereign Way, Tonbridge, Kent TN9 1RW

PRODUCTS AND SERVICES

Beta Buying Group

- Free Membership
- No Fees
- A Personal Service
- A range of Marvellous Deals

154 Enterprise Court,
Eastways Industrial Estate,
Witham, Essex CM8 3YS

Please contact: Alison Diggins on:
Tel: 01376 521246 Fax: 01376 521257

A NATURAL SAFE RE-USABLE COMPRESS FOR HOT OR COLD USE



THE LAVENDER WHEAT BAG

For further information:
The Original Wheatbag Company Ltd
PO Box 437 Woking Surrey GU21 4FU
Tel: 01483 598483

SHOPFITTINGS FOR SALE

Antique Shop Fittings

Sensible Offers

Please Contact Mr Mehta
Telephone: 0181 888 3222

SECURITY

CCTV SALE

LOWEST PRICES GUARANTEED

| | | |
|-----------------|------------------|-----------|
| SECURITY DIRECT | B/W systems | from £119 |
| | Colour systems | from £229 |
| | 4 Camera systems | from £439 |
| | Video Recorders | from £139 |
| | Spy Cameras | from £99 |

BEST PRODUCTS
BEST PRICES

NEXT DAY DELIVERY AVAILABLE

CALL FOR YOUR
FREE INFO PACK

WHOLESALE DISTRIBUTOR

Cameras, Spy Cameras,
Quads Multiplexers,
VCRs Security Mirrors,
Dummy Cameras, Forgery Detectors

BUY FROM THE PROFESSIONALS

FreeCall
0800-056 0462
WEB SITE: WWW.SECURITYDIRECT.CO.UK

SHOP FITTERS

Perfect
the art
of presen-
tation!

Germany's largest mail-
order firm for display
materials is now also

operating in
Great
Britain

76 page colour
catalogue full of
ideas and all the
materials needed to
create successful shop
window and point of
sale displays.

Freephone:
00 80 01 / 9 637 637
FAX 00 80 01 / 9 737 737
www.dekowerner.de

Free
woerner

Woerner GmbH, P.O.Box 1254
D-74208 Leingarten

VETERINARY SERVICES

MS 222 The only licensed Fish
anaesthetic in the U.K.

Don't miss an opportunity for Pharmacy!

(PMI legal category)
Order direct from us on

BRIAN G. SPENCER LTD,
Veterinary Wholesalers.

19-21 Ilkeston Road, Heanor,
Derbyshire DE75 7DT
FREEPHONE 0800 387 348
email: rmcdonald@vetmedic.co.uk

Business link

A free service for C&D subscribers

Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House,
Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname

First names

Address

Postcode

Personal RPSGB Registration number

Telephone Number

Proposed advertisement copy (maximum 30 words)

Kath Williams is a pharmacist who has enjoyed three 'career paths'. Her current job is voluntary work for a botanical gardens trust in Sheffield

Down the garden path



The Sheffield Botanical Gardens' pavilions



Kath Williams at the Sheffield Botanical Gardens

For someone who wanted to be a geologist, Kath Williams' career in pharmacy has been varied and successful. "Pushed into" pharmacy by her parents, Kath's subsequent career has taken her in three different directions.

Kath's first pathway began at Madam Dadam's Pharmacy in St John's Wood, dispensing prescriptions for celebrities including Paul McCartney and Bob Monkhouse. She practised pharmacy to the sound of people being massaged in the beauty parlour downstairs. Today she is a voluntary worker for the Sheffield Botanical Gardens Trust and in between these completely different posts she has held a multitude of pharmacy positions.

Pharmacists are in an ideal position to have a wide ranging career like hers, Kath believes. "It's possible to carve out any career path in pharmacy today. I feel sorry for those people stuck in community pharmacy who do not have the chance to make full use of their talents." But Kath is modest about her achievements. "I did no more than any pharmacist can do," she says.

Although not her first choice of career, the pharmacy experience is something she has never regretted and it still comes in useful.

Raising funds

An award of £5 million from the Urban Parks Programme of the Heritage Lottery Fund was made to Sheffield Botanical Gardens Trust in May 1997. However, in order to access this money, the Trust must raise 25 per cent matched funding (£1.67 million). About £500,000 will be supplied as work in kind, leaving a balance of £1.17m to be raised through fund raising events, donations and sponsorship. The appeal was launched in September 1997 and so far has raised £510,000.

To help raise further funds for the appeal and publicise the gardens, Kath has launched a millennium photographic competition. Prizes of photographic equipment will go to the best photographs of the Gardens. Anyone unable to visit the Gardens can send photographs of their local gardens or parkland.

For further details and application forms contact 0114 267 0544. More information about the restoration project is available from Cathy Batchelor on 0114 2736951 or the Gardens' web site at www.sbg.org.uk.

Administrative and organisational skills gained from pharmaceutical posts are still used in her fund raising efforts today. And she likes to keep up to date with pharmaceutical matters, considering pharmacy a "lifelong interest".

After graduating from the London School of Pharmacy in 1971, Kath did her pre-registration year at London College Hospital. But almost immediately after registration, she began to study for an Open University social sciences degree. This may not seem like an obvious direction to take but, "I was taught to be a generalist at school", and "I had a thirst for other things".

In 1978, Kath became a member of the World Health Organization Drug Utilisation Research Group, working at the Queen's University in Belfast. Her research looked at the analysis and use of PACT data.

The next step was a visit to Norway and Sweden on a WHO fellowship. The study involved looking at available sources of information on drug utilisation and drug experience. It also looked at information on morbidity, mortality and outcome, including record linkage for risk assessment.

Ten years later she set up the UK Drug Utilisation Research Group and became its first elected secretary. This group now has several hundred

members including clinical pharmacologists, hospital doctors, health economists, GPs, pharmacists and social scientists.

Other posts held include staff pharmacist at the Queen Elizabeth Hospital in Birmingham and research and development officer at Sheffield Family Health Services Authority, as well as community pharmacy work and various hospital pharmacy jobs.

Although Kath and her husband Tony had always wanted to be members of the Royal Horticultural Society, involvement with the Sheffield Botanical Gardens Trust came about by accident. Visiting the Gardener's World exhibition a few years ago, the only place they could find for a cup of tea was the RHS stand, where they found out about the Gardens. This sowed the seeds for a third career pathway.

The decision to take up voluntary work came when Tony, a doctor, retired. This is when they became involved with the Sheffield Botanical Gardens Trust, a charity set up to raise funds for the restoration of 'the Kew of the North'.

Designed in 1836 by Robert Marnock, the Gardens have been under local council control for several years and have fallen into disrepair due to lack of funding. So in 1996 the Friends of the Botanical Gardens Sheffield set up the Gardens Trust.

English Heritage has given the Gardens a grade two listed status because of the many original structures in the grounds. The two glass pavilions are among the earliest curvilinear glass structures built and it is hoped to restore them to their former glory, with a tropical palm house in between.

The Gardens still have their own grade two listed bear pit, although now without a bear. It was closed down in 1898 after a nanny leaning over the rails dropped her charge into the 20ft deep circular pit. Another attraction missing at the present day gardens is the Victoria Regia water lily with its huge pad which could support a man in an armchair. The gardens also had an aviary and an aquarium housed in the pavilions.

Kath loves the Gardens because of the "real sense of place" she feels when walking through them. Located in the centre of the fourth largest city in Britain, the gardens are surprisingly peaceful.

Calling herself "an ideas person", one of Kath's botanical ideas is to create a set of genetically identical plants to be planted in different parts of the world. The development of these plants would then enable climate changes to be tracked in different countries.

it's the BUSINESS



With over twelve years of reader loyalty established, Community Pharmacy is a business-focused title that links professional development to profitable pharmacy retailing. Community Pharmacy Magazine gives the independent retailer everything he needs to know about running a business in one, easy-to-read publication.

For more information on Community Pharmacy Magazine, please call 01732 364422

in Miller Freeman
A United News & Media company

Community Pharmacy Magazine is published by Miller Freeman UK Ltd, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Specialist care for your most sensitive customers



Your sun-sensitive customers need the best of care.

Babies, young children, fair-skinned people prone to burning (skin types 1 and 2) and those with photodermatoses are all especially at risk.

To give them the care they need, recommend E45 Sun.

Because only E45 Sun ensures maximum UVA protection balanced with UVB protection, without the potential irritation of organic chemical sunscreens or perfumes.

E45 Sun. From the people that care for sun-sensitive skin.



Maximum protection. Maximum care.

Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA. Legal category: ACBS. E45 Sun SPF 15, 25,